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ABSTRACT

The papers selected for this reader represent the broad range of "practice oriented" interests, problems, populations, and interventions found in both rural social work and at the Seventh National Institute. Section 1 contains four papers which deal with program development and community practice, i.e., planning social services in a nonmetropolitan area, rural networks, volunteer programs, and rural community education. Rural elderly are addressed in section 2 via papers on social work consultants, in-service needs of nursing home staff, and preparation of practitioners to work with the rural elderly. In section 3, abusing and neglecting families in rural areas are addressed in terms of education programs for abusing parents, teenage victims of incest, and incestuous fathers. Section 4 covers rural youth services via three papers on adolescents' perceptions of human services agencies, child protective services, and social work in rural schools. Concluding the reader is a section containing three papers on social work education and practice in rural areas. (AH)

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NOURISHING PEOPLE AND COMMUNITIES THROUGH THE LEAN YEARS

SELECTED PAPERS OF THE SEVENTH NATIONAL INSTITUTE
ON SOCIAL WORK IN RURAL AREAS

CLARKE COLLEGE
DUBUQUE, IOWA
JULY 24-27, 1982

HOSTED BY
THE UNIVERSITY OF IOWA
SCHOOL OF SOCIAL WORK

G. MICHAEL JACOBSEN, EDITOR

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PREFACE AND ACKNOWLEDGEMENTS

The Seventh National Institute on Social Work in Rural Areas was held July 24-27, 1982, at Clarke College in Dubuque, Iowa. The Institute was hosted by The University of Iowa School of Social Work with primary sponsorship provided by the National Rural Social Work Caucus, the Iowa Chapter of the National Association of Social Workers and the Iowa Department of Social Services. "Nourishing People and Communities Through the Lean Years" served as the central theme for the Institute. Sub-themes included a focus on community based service delivery; developing and supporting service delivery in a time of increased economic uncertainty; and social work practice with awareness of and sensitivity toward local religious, ethnic and cultural traditions. Papers and workshops were presented on a variety of topical areas including the rural elderly, children and youth, families, physical and mental health, and multidisciplinary approaches to rural practice. Three principal speakers addressed aspects of the theme; Wendell Berry, teacher, farmer, and author from Port Royal, Kentucky; Lynn Cutler, Executive Vice Chair of the Democratic National Committee and Black Hawk County (Iowa) Supervisor; with Catherine Williams, former Deputy Commissioner of Social Services for the state of Iowa serving as the final speaker. Ms. Williams' address is included in this work.

Without the efforts of the Central Planning Committee the Seventh Annual National Institute on Social Work in Rural Areas would not have been possible. Members of the Planning Committee included; Karen Brandt of the Iowa Gerontology Model Project, Jerry Christensen from Lutheran Social Services (Iowa), Kent Corson representing Catholic Charities (Iowa), Jim Huber representing the Delaware County Consortium of Human Services (Iowa), Naurine Lennox from St. Olaf College (Minnesota), Craig Mosher of the Mental Health Clinic of Tama County (Iowa), Larry Odegard from the University of Dubuque (Iowa), Lloyd Sidwell from Sinnissippi Mental Health Center (Illinois), Karen Walters representing the Division of Mental Health of the Department of Social Services (Iowa) and Jim Winship from the University of Wisconsin - Whitewater. Special appreciation must be given to Institute Coordinators Mary Andrus, Jeanne Manson, George Verry and Melody Williams. Their patience, creativity and commitment to a quality product were limitless.

The papers selected for this reader represent the best of the "practice oriented" papers presented at the Institute. Selected papers toward policy analysis, rural development and community organization from the Institute are being published in the journal Social Development Issues. The papers selected for this reader represent the broad range of interests, problems, populations and interventions found in both rural social work practice and at the Seventh National Institute. All of the papers published here and in Social Development Issues were accepted for publication through an intensive review process.

Member of the Editorial Review Group for this reader include; Eleanor Anstey (University of Iowa), Edward Buxton (University of Wisconsin - Extension), Paul Campbell (University of Tennessee), Jerry Christenson (Lutheran Social Service of Iowa), Ira Colby (University of Texas), Kent Corson (Catholic Charities, Iowa), Bob Deaton (University of Montana), Nelson Gutnik (University of Calgary in Alberta, Canada), Sam Hickman (Memorial General Hospital, West Virginia), Jim Huber (Iowa Department of Social Services), Pat Kelley (University of Iowa), Naurine Lennox (St. Olaf College), Don Magel (Arizona State University), Craig Mosher (Mental Health Clinic of Tama County, Iowa), Larry Odegard (University of Dubuque, Iowa), Edward Pawlak (Western Michigan University), Lloyd Sidwell (Sinnissippi Mental Health Center, Illinois), Karen Walters (Iowa Department of Social Services), Steve Webster (University of Wisconsin - Madison) and Jim Winship (University of Wisconsin - Whitewater).

Assistance in preparing this reader was provided by Larry Askling (cover design and graphics) and Linda Zenishek of the University of Iowa Department of Microbiology (word processing). Finally, to Melody Williams my Editorial Assistant for this reader, thank you, without your hard work this reader would not exist.

This reader, as well as the Institute, were partially supported by a National Institute of Mental Health Grant (NIMH #1 T01 MH15870-03 entitled Rural Iowa Training Program for Generic Practice).

Mike Jacobsen

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Section I. Program Development and Community Practice

All three of the sub-themes of the Seventh National Institute on Social Work in Rural Areas deal directly with the community context of rural practice. It seems appropriate to begin this reader with articles addressing themselves to that context. Ralph Woehle here presents an analysis of a case study focused on the limits to local planning, voluntary efforts and reliance on local resources. In the final analysis it seems that cooperative efforts involving state, local and federal planners are necessary. Louise Johnson reports on two efforts to identify appropriate and effective strategies for developing volunteer programs in nonmetropolitan settings. From analysis of those efforts a set of principles and recommendations are offered to the reader. Patricia Duncombe presents information on the results of a Wyoming survey regarding the role of rural churches in rural community helping systems. The study suggests that rural churches are, indeed, important parts of helping systems in the rural community. Emilia E. Martinez-Brawley and Edward Allen Brawley present a rationale for the more effective use of the local news media in rural social work practice. Of particular utility to the reader may be the specific suggestions offered for innovative prevention efforts in the rural community. Lucy A. Rowley and E. Ann Buck focus on a case analysis of health care services in a rural Wisconsin county. Included in that analysis are consideration of "high risk" populations, "alternatives" to institutional care and various "self-care" efforts found in that county.

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ECONOMIC UNCERTAINTY AND PLANNING SOCIAL SERVICES IN A NONMETROPOLITAN COUNTY

Ralph Woehle
University of Minnesota - Duluth

INTRODUCTION

Federalism is not new. In fact, it pre-dates the U.S. Constitution. For rural areas, the decentralization of the new federalism goes back over 20 years to the Johnson and Nixon administration (Martinez-Brawley, 1981). Thus, while it is too early to judge the ultimate impacts of the Reagan administration, federalism itself is not too new to analyze.

The best analyses of the American, and similar systems, see a strain between centrally planned goals and our cherished federalized means. Lindblom (1977) for example, sees our traditional search for liberty yielding political and economic structures which avoid central planning. Others, like Wildavsky (1979), doubt that social services can be centrally planned and see planning as a form of coercion.

The question is not whether central planning can exist in our system, because it is an uneasy bed partner with our pluralistic federalism, at best. Rather, the question is, what are the impacts of the federalist-centralist struggle on local systems like social service systems, as federalism and centralization wax and wane? The answer depends on two major considerations. First, we must ask if authority is being decentralized. Second, we must ask how resources are being redistributed.

Authority and resources are always critical issues in rural and nonmetropolitan areas. Compared to urban and metropolitan areas, they always seem to come up short. On one hand, their authority is diluted by their low populations per government unit. On the other hand, rural areas appear to be less able to compete for national economic resources (Honour, 1979). Nonetheless, their problems often demand more resources and authority than urban problems do. Nonmetropolitan poverty rates, for example are much higher than metropolitan rates (Bawden, 1977).

On the issues of local authority and resources, President Reagan appears to be saying that local authority can be increased, even while non-local resources are being decreased. Furthermore, he implies that local voluntary efforts can replace these non-local resources.

I see two major problems with the Reagan approach. First, it fails to deal effectively with the issue of authority. Second, it fails to deal with the fact that resources are unequally distributed. The result, I believe, is a decrease in both resources and authority in small non-metropolitan communities.

In this paper, I will present a case study which supports my contentions. First, I will define and describe my major concepts. Then, I will indicate my research methods. Third, I will describe Carlton County, the Minnesota county which I am studying. I will also describe the Carlton County human services planning structure. Fourth, I will present the results of social service planning in Carlton County in 1981. Finally, I will present some conclusions and implications.

This is a pessimistic paper. My pessimism is not directed at the people or organizations of Carlton County. In fact, I believe the local efforts to provide social services in Carlton County are truly extraordinary. If local planners can be successful anywhere, they should be successful here. The fact that I find their efforts to be less than successful is a comment on the non-local system, not Carlton County.

CONCEPTUAL CLARIFICATION

My first task is to make the concepts mentioned in the title more explicit. Planning is the concept most basic to this paper, so I will discuss it first.

Planning has been discussed at two ends of the continuum. (Lindblom, 1977) At one end, planning is seen as rational and centralized (Wilson, 1964). On the other hand, planning is seen as hardly planning at all but rather muddling through (Lindblom, 1959, 1979).

Rational centralized planning make two assumptions. First, it assumes that somebody had the authority to carry out the plan (Wilson, 1964). Second, it assumes that some production function exists which casually links means and ends (Wildavsky, 1979).

Muddling through (Lindblom, 1959, 1979) assumes "satisficing", not knowledge. In place of power, it assumes self-interest regulated by democracy or markets (Lindblom, 1977).

In reality, most planning situations include some of both extremes. Thus, planning tends to become organizing (Forester, 1980-81). I see this as the reality of planning, and I also see it as good. When planning enters the organizing realm, it becomes political. My bias, like Wildavsky's (1979), is that the appropriate mixture is 1/3 rational planning and 2/3 politics.

What, then, is planning? Planning is learning. Goals are hypotheses. Planners set goals and seek feasible means, and not necessarily in that order. If feasible goals-means matches cannot be found, planners reject their original goals and/or means and hypothesize others. In Patton's (1978) words, they become active-reactive-adaptive. Even by this definition, however, planning exists only if some set of feasible goals and means can be arrived at some of the time.

Given my definition of planning, I will not hold local planning efforts up to a rational ideal type and find them wanting. I will ask if planning hypotheses can be tested in nonmetropolitan areas. What are the probabilities that feasible goals-means relationships will emerge from local planning? Local authority and resources are the key issues here.

I will discuss authority briefly. For social services, authority involves both goals and means. Clearly, government is often in the position of establishing goals, and these goals often exceed available means (Patton, 1978). Even small rural or nonmetropolitan counties can establish goals. The means, or resources, are the necessarily limiting factor however. Thus the ability to control the budget--authority over the budget--is the critical issue.

Economic uncertainty is important in relation to resources. Here we will be concerned with two aspects. The first is the degree to which economic changes limit local control of the social services budget. The second is the degree to which demands for social services are increased by economic conditions. The relationship between demand for a particular service and the available supply of resources, where demand exceeds supply, may mean that the availability of resources for other goal areas become less certain (Wildavsky, 1979).

Finally, I will describe the social services and nonmetropolitan concepts briefly. By social services, I mean organized aid programs in the areas of human, economic, psychological, social and physical needs. Operationalized examples are AFDC or child protection. Some services in the broader realm of human services, health services for example, are not included. Nonmetropolitan follows the 1970 U.S. census definition.

METHODS

My methods are of three types. First, my research assistants and myself have been present at many planning meetings in Carlton County in the past two years. Our roles were that of planning analysts, to provide information and comments where possible, and to observe the planning process. In brief, we were participant observers.

My second method was the review and analysis of documents produced by the planning process. Minutes, some correspondence, planning reports and various other documents were reviewed.

My final method was to direct questions to key informants. I usually used this method when a desired place of information was not otherwise available.

THE SETTING

Carlton County is located in east central Minnesota, just to the southwest of the tip of Lake Superior. In 1970, Carlton was a non-metropolitan county according to the census. Cloquet, with a population of 8,600 was its only urban area. In 1980, there were 29,936 people in Carlton County. Of those, 18,794 or 62% were residents of rural areas. While Carlton borders on metropolitan St. Louis County to the northeast, the remainder of its borders adjoin very rural, sparsely populated counties.

In a recently completed study (Woehle, 1982), I found three factors which predicted high utilization of social services in Minnesota counties (not including mental health services and economic assistance). One of these was an agriculture-economic factor, where small farms and limited jobs created high need. Carlton ranked as the third neediest county of the 87 Minnesota counties on this factor. On another factor indicating the presence of non-nuclear families (other than father-mother-children), Carlton ranked 18th neediest (Woehle, 1981).

In a study of Carlton County also recently completed (Woehle & Merrill, 1982), we documented needs in the areas of recreation, housekeeping, finances, transportation, child raising, mental illness, abuse of women and alcoholism.

Economically, Carlton is largely dependent on wood and paper industries. These industries are more depressed than the state as a whole, but less depressed than the iron mining industries in the north-eastern part of the state. Minnesota's unemployment rate has fluctuated around 7%, while Lake County in the northeast reports a 25% rate at present. Carlton's official rate for the first quarter of 1982 was 15%. We found unemployed people in 16% of the households in Carlton County, and the unemployed are 58% of those reporting financial problems. (Woehle & Merrill, 1982)

Budgetary issues are related to economic issues. On the local level, those with financial problems are unlikely to contribute to the United Way or support higher taxes. Budget issues also go well beyond the local level.

On the federal level, the economic and budgeting issues are well known. I will not discuss them here.

An even greater and more immediate budgeting crisis, however, derives from state-level issues. The first state level issue is the Community Social Services Act, passed in 1979. Designed to increase local control, this act included a formula which emphasized only one of the factors related to social service utilization (Woehle, 1982). Unfortunately for Carlton, this was not one of the two factors indicating high need for the county. This formula alone would have resulted in substantial decreases in state money allocated to Carlton for social services between 1980 and 1982.

An even greater impact on budgets is the state financial crisis. Brought on by a slumping economy and a newly adopted inflation adjustment in state taxes, state budgets were slashed and state payments were withheld in 1981 and 1982. While a bottom line for Carlton is not yet available, state-to-county revenue amounting to as much as $73,000 per month was being withheld in early 1982.

Ironically, the Community Social Services Act also required that counties take responsibility for social services planning. Carlton's response was to be one of the first counties to establish a comprehensive planning structure for its local human service systems. That structure is outlined in Figure 1.

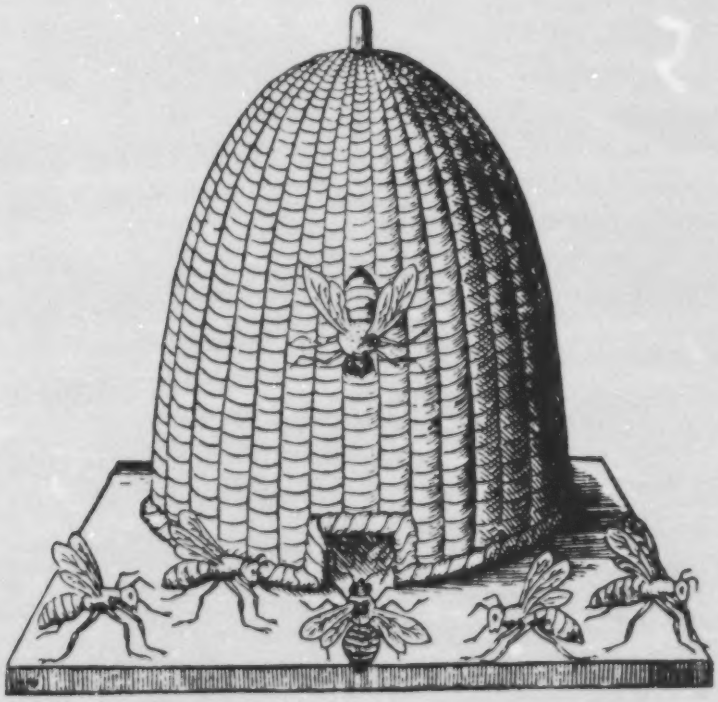
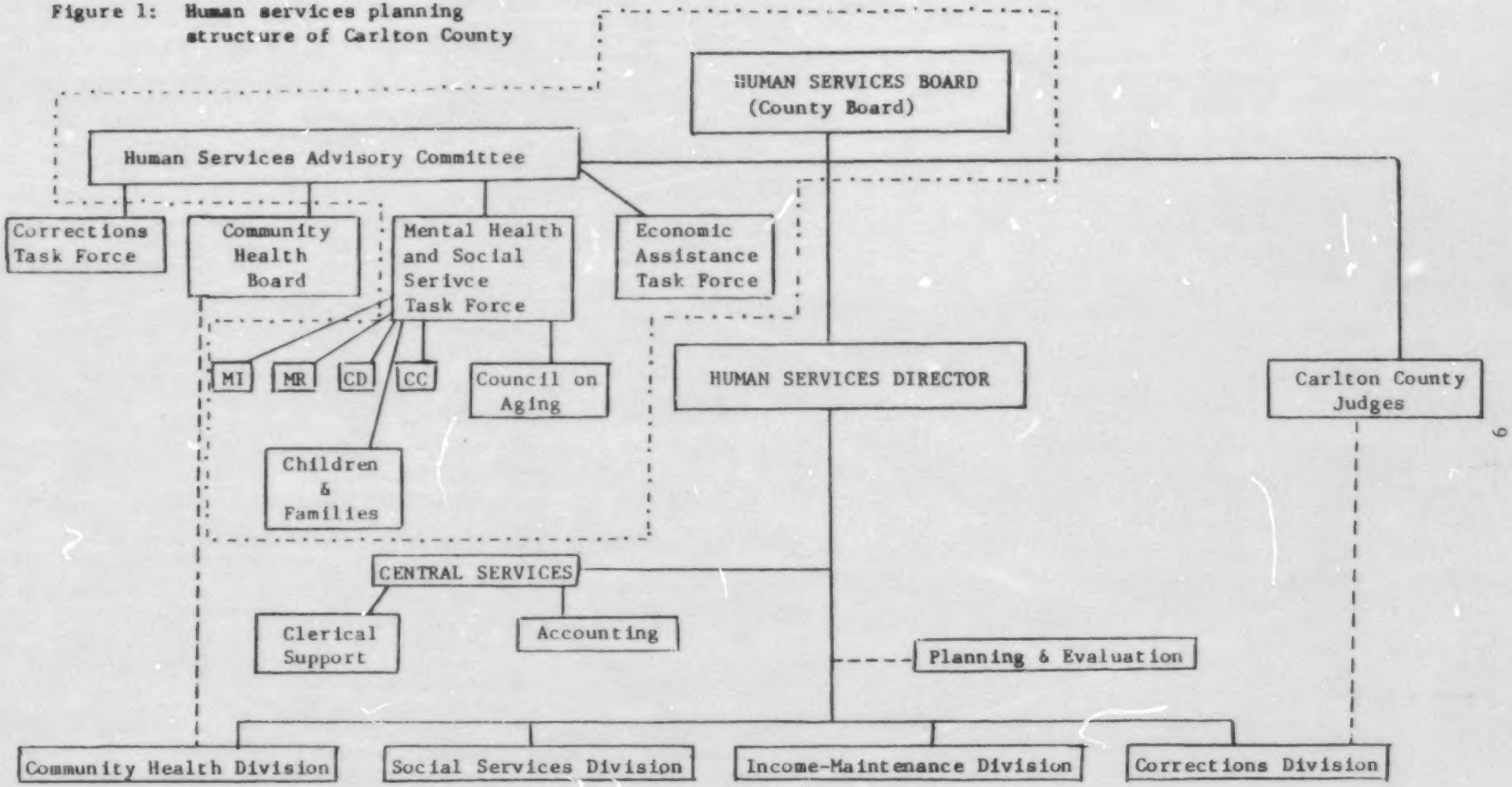


Figure 1: Human services planning structure of Carlton County

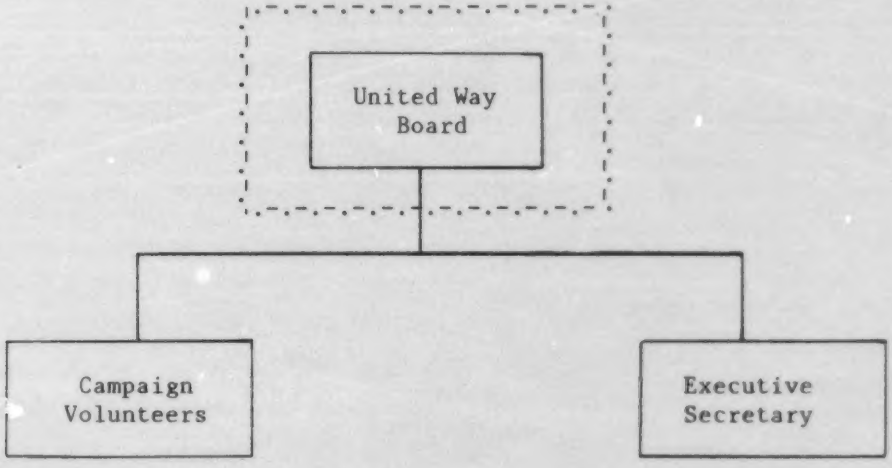


-.-.- planning groups studied here

The Human Services Advisory Committee is the primary planning group. This committee serves the Human Services Board, which is also the elected County Board of Commissioners. The Committee prioritizes services and recommends a budget to the Board. The recommendations are based on the study of four task forces: corrections, community health, mental health and social services, and economic assistance. For simplicity's sake, and because community health and corrections combined amount to less than 10% of the human services budget, we will study only economic assistance, and mental health and social services here.

The United Way planning structure is much simpler. Here, budget decisions are made by he United Way Board. The United Way structure is diagrammed in Figure 2.

Figure 2
Northeast Carlton United Way Structure



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RESULTS OF THE 1981 PLANNING PROCESS

In 1981, the task forces, the Advisory Committee and the United Way Board began to study service needs and service structures in order to make budget decisions for 1982. This section outlines the major conclusions and results of those processes, continuing developments related to those processes and general conclusions as they related to local social service planning.

The Human Services Advisory Committee is the primary planning body. Of the nearly $7.5 million budgeted through committee planning processes for 1982, over 90% or about $6,755,000 was budgeted for financial assistance and social and mental health services. The total United Way budget is only about 1.2% of this latter amount.

Of the $6,755,000, about 70% was budgeted for economic assistance in 1982. This high proportion is, no doubt, indicative of a high demand for financial assistance. The high demand is generated by a number of interacting factors. First, state eligibility standards have remained relatively high. At the same time, more people are becoming eligible. Unemployment and increasing numbers of single parent families are factors in financial problems (Woehle & Merrill, 1982).

As a result of such considerations, the economic assistance task force found few areas where changes could be planned. Cuts were hardly possible. The only area where cuts appeared feasible was the medical care portion of the state General Assistance program. However, that area is only 3.3% of the total economic assistance budget. With eligibility standards remaining high and demand for assistance increasing, the economic assistance budget seemed out of local control. In the end, the committee recommended an increase over the previous year's budget.

Budgets are not expenditures, however. By early 1982, state and federal cuts were reducing non-local contributions without equivalent reductions in eligibility. It has begun to appear that the economic assistance portion of expenditure will exceed the 70% budgeted for 1982. The general result is that economic assistance expenditures are beyond local control.

The service areas of the budget are more planable. These areas include mental health services, services to families and children, services for the developmentally disabled, and services for the chemically dependent. Some services in this area are also mandated by state and federal authority, however. Mandated services include protection services for children and adults, institutionalization and deinstitutionalization for the mentally ill, and guardianship services for children and the mentally retarded.

The social services task force identified a second category of services which were mandated, but which did allow some budgetary discretion. Included in this category are adoption services, foster care services, residential treatment for the emotionally disturbed and delinquent, development achievement services and employability services for the mentally retarded, and family planning services.

The remainder of the social services provided in Carlton County were called fully optional by the task force, at least so far as state and federal mandates are concerned. Included in this category are a broad range of services for the aged, the chemically dependent, the mentally ill and the mentally retarded. However, even optional services can be impacted by non-local changes. For example, Minnesota recently

passed a tough driving-while-intoxicated law. This law is expected to increase the use of detoxification services. At present, Carlton uses services outside of the county in Duluth. Some members of the advisory committee think this may require detox services to be developed locally.

A similar situation exists in community mental health services. The community mental health center serving Carlton is located in St. Louis County, its major service area. St. Louis County has been making sizable budget cuts in mental health, with the potential impact of reducing services available to Carlton County.

A third area where non-local policies affect local budget planning are cuts in educational funds. Counseling services, previously provided by the schools, have also been cut back. Some of the demand for these services appears to be showing up in social service caseloads. As that happens, Carlton planners will, no doubt, find it more difficult to make social service cuts.

What are the results of these considerations for social services planning in Carlton County? So far as the Advisory Committee is concerned, budgeting is affected in two ways. First, the social services budget will shrink in relation to the economic assistance budget, given stable or declining economic resources. Non-local resources are certainly declining, and it is doubtful that local taxes can be adjusted to meet those declines with Carlton's present economic problems.

A second effect is that the social services budget will shrink in areas least controlled by non-local mandates. If the social services budget shrinks, but some social services are mandated, cuts can be made most easily in the non-mandated services. It is as though the non-local policymakers had mandated cuts, and the areas in which cuts can be made. A conservative estimate, having 1/3 of all social services mandated, would leave local planning at a disadvantage in the best of times. With economic assistance almost completely mandated for 70% of the amount considered here, we could say that at least 80% of the budget is mandated. As economic uncertainty forces cuts, however, they can be made only in the non-mandated areas. The result is not increased local control, but increased non-local control as the proportion of the budget which is mandated increases. In brief, cuts are reducing the feasibility of local planning in Carlton County.

One question remains. Can the United Way save local planning by providing sufficient resources to fulfill local goals? I have already indicated that the United Way budget is small compared to the total social services budget. The $81,000 budget is only about 1.2% of the total public budget. Furthermore, the 1981-82 growth rate in the United Way budget was only slightly ahead of inflation. Other measures provide a somewhat more positive view of the United Way budget. For example, if we consider the total raised locally through taxes and the United Way for human services expenditures, United Way contributes about 7%.

There are other limitations on United Way. First, about 70% of the contributions come from individuals. High unemployment and incidence of family financial difficulties is not likely to aid fund raising.

Second, planning for United Way is limited by various factors. One factor is that the United Way is organized in the northeastern part of the county, around the urban area of Cloquet. Because social service related problems are largely rural (Woehle & Merrill, 1982), the United Way is unlikely to distribute money to parts of the county where it is most needed. In addition, the United Way granted over 30% of its proceeds to three non-social service organizations. These organizations are the Boy Scouts, Girl Scouts, and a home health nursing group. These three groups are seen as politically popular organizations. While some members of the United Way Board have raised questions about such funding in relation to need, they also recognize that contributions depend on a favorable public image. To withdraw support to these organizations may not be feasible.

In summary, I do not see the United Way as a significant factor offsetting lost public funding. Even to the extent that local funds under local control are increased, local considerations put at least part of those funds in separate pots. This reduces further availability of local resources for social services.

My overall conclusion is that as funds are withheld from non-local sources and not replaced by local sources, continuing mandates for social services control even larger proportions of the social services budget. The United Way is no substitute for non-local resources. As a result, social service planning becomes more a matter of non-local mandates, and less a matter of local planning.

IMPLICATIONS

I have concluded that the withdrawl of non-local funds reduces local ability to plan when economic conditions are adverse, as they are in Carlton County. This is similar to Rosenfeld's (1979) findings on Nixon's new federalism. Under block grants initiated by Nixon, local responsibility was emphasized, but past commitments and plans maintained previous spending patterns. This is not true federalism.

True federalism would provide flexibility and resources to implement local goals. In poor areas, resources are not available. In Mississippi, Giles et al. (1980) have shown that most county officials favor more services, but only the wealthier counties are able to assemble resources sufficent to develop services. This is part of the failure of the new federalism, the failure to address inequality of resource distribution. But the failure goes deeper.

While the Reagan administration has not gotten its federalist program off the gound, it is clear from present proposals that it lacks federalist principles. Dubey (1979) has argued for a federalist form

of local planning. According to Dubey, such planning would be dispersed. It would include consumers and interest groups, who would provide needed information, come to a consensus and have the authority to make decisions. Resulting services would be adapted to the people who need them.

However, we must distinguish services from economic assistance. As Wildavsky (1979) and Barfield (1982) have indicated, only the federal government has the authority to collect an redistribute large amounts of money. Furthermore, such redistribution offers great hope for the inequalities nonmetropolitan areas bear at present (Bawden, 1977). Thus, as Barfield (1982) indicates, federalism would have economic assistance programs administered at the national level, and services administered locally.

In brief, federalism in small economically troubled localities will require increased levels of both resources and authority. Increased resources will depend on central authority for their distribution, while increased local authority will involve local planning for utilization of larger amounts of resources. The Reagan proposal to transfer all responsibility for social services and economic assistance to the states (Barfield, 1982) is not federalism at all. If states, in turn, were to transfer all responsibility to localities, social service planning would be dead in poor nonmetropolitan areas.

For federalized planning to live, all levels of government must take on new responsibilities. Carlton County has shown us what can be done locally. It is time for the state and federal governments to show us what they can do.

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DEVELOPING VOLUNTEER PROGRAMS IN NONMETROPOLITAN AREAS

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INTRODUCTION

This paper is a report of work in progress focused on identifying appropriate and effective techniques and strategies for developing volunteer programs in nonmetropolitan settings. It will briefly consider why such programs are needed, identify useful literature about volunteerism and discuss the need for adaptation of accepted approaches to nonmetropolitan settings. It will then discuss two projects with a focus on developing volunteer programs in small communities. The paper will conclude with a set of principles and recommendations for developing volunteer programs in small communites.

NEED

No one needs to be reminded that the contemporary human service enterprise must find new ways to provide services to those in need. The current political and fiscal climate no longer allows the illusion of unlimited resources. Political rhetoric calls for self-help, and the use of natural helpers and volunteers as alternatives to expensive professional services. While there is no doubt that some of this politically expediant thinking is unrealistic in a money based society, it is inadvisable to completely reject it. Experimentation is called for to determine which services can be provided by "non-fiscal" sources. It is also important to develop effective ways to use these resources. The development of volunteer programs is one means for doing this.

Nonmetropolitan service systems are different from those in metropolitan areas. Rural cultures themselves are quite different. Services and delivery systems designed for metropolitan areas are often inappropriate for rural areas. It is therefore important to consider appropriate differential use of non-fiscal resources in nonmetropolitan settings.

It is important to differentiate between volunteers and natural helpers. Natural helpers are persons who possess certain helping skills and exercise them in the context of mutal relationships (Collins & Pancoast, Note 1). They are usually persons from the same cultural group as those they are helping. They have often experienced the same sort of problem as those they are helping. For the purposes of this paper volunteers are considered those persons working within a formal human services system who are giving time and human effort without fiscal compensation. They may or may not be working directly with

those persons known as clients. They may or may not be working with persons similar to themselves culturally or in relation to the problem facing them. Natural helpers are an important part of the rural helping system. They are important non-fiscal resources. They are however a different type of resource and are to be used in a different way as they are outside the formal service delivery system. Good utilization of this resource allows them to remain outside this formal system. Different strategies are called for when working with natural helpers and volunteers thus it is important to make such a distinction.

The use of volunteers in the nonmetropolitan setting is one means for using the resources of care and concern that exist in these communities in the formal system. Nonmetropolitan peoples are most comfortable when working in and through informal systems. Informal systems seem more congruent with the rural culture and way of life. The nonmetropolitan volunteer often lacks experience in working with formal systems particularly large bureaucracies like state departments of social services. Some nonmetropolitan peoples have a strong bias against functioning as called for by formal systems. They may have found satisfaction as a natural helper and be very confused or "turned off" when asked to adhere to agency policy or to deal with professionals. Here lies a major issue in developing volunteer projects in non-metropolitan settings. The issue can be stated as how to make use of the volunteer resource in a formal setting when the volunteer is oriented toward informal system functioning. How can these volunteers find comfortable ways of working in formal organizations? How can the agency provide for the needs of the volunteer yet carry out accountable professional services to clients?

LITERATURE REVIEW

No references were found relating to volunteerism in nonmetropolitan settings. While examining the recent literature concerning volunteer programs several ideas guided the work in progress.

Harriet H. Naylor (Note 2) writing from a YWCA perspective in 1973 discussed the changing needs of volunteers. She states that volunteers no longer are "willing to undertake the long period of apprenticeship with busyness and downright drudgery." The contemporary volunteer expects to be placed in a satisfying situation which considers their individual needs and capacities. This calls for developing means of identifying and matching needs of the individual volunteer and the service organization. It also calls for individualized training and supervision. It would seem that this individualization should consider the cultural and locality specific influences of need as well as the functioning of persons in the volunteer situation.

Several authors have developed materials which are useful when planning for the development of a volunteer program (Lauffer & Gorodezky, 1977; Stenzel & Feeney, 1976; Wilson, 1966, Note 3). It seems advisable that one person be responsible for recruiting, placing,

and managing the volunteer resource. In other words there should be a coordinated volunteer program not just staff using the volunteer resource. A program recognizing that volunteers can be program or service oriented -- working directly with clients or involved in projects supplementing services. An example of the latter would be the friendly visitor or the coordinator of a Christmas giving project. Other volunteers can be in decision making positions -- members of boards and committees are examples of this type. Also volunteers can assist in the areas which support professional workers; this would include persons giving clerical assistance or managing a special project for the agency. These persons might be engaged in research, in training or in any of the other non-service aspects of an agency. Public relations and fund raising projects are often volunteer tasks.

A well developed volunteer program includes identification of appropriate volunteer opportunities, recruitment and placement of individuals to fill those needs, training, and ongoing supervision of the volunteer. The volunteer program can be either agency based or community based. It would seem that the development of such a program is also important in the nonmetropolitan community. Such a program should consider both the culture of the individual volunteer as well as the nature of community service delivery system. The crucial point is for these two systems which function quite differently to develop ways to work together comfortably.

In previous work this author (Note 4) has identified four types of service delivery systems in nonmetropolitan communities. One type of system is found in the small city with a population of between 15,000 and 50,000. This system resembles that of a small metropolitan area but the agencies tend to be smaller. The workers tend to have an informal manner of working together. Another type of delivery system is found in the small town with a population between 8,000 and 20,000. This community may have a small public social service office and a few professional workers in other settings such as nursing homes. There are often community service agencies such as nursing homes. In this size community there are other community service agencies such as senior citizen centers which function more nearly like an informal system than like bureaucracy. There is a natural helping network. A third type is the rural community of under 10,000 in population. Though some services may be available from agencies in larger communities the helping system here tends to be similar to that of a natural helping system. Finally, there is also the reservation community which contains a variety of services peculiar to that setting.

TWO NONMETROPOLITAN PROGRAMS

To this point observation of volunteerism in South Dakota indicated that the small city functions with informal systems to a greater degree than the smaller communities. These formal systems seem to have the capacity to cope with the informal aspects of the community though they do need to keep informality in mind when developing a volunteer program. The small town seems to be having greater difficulty with

formal and informal systems working together. Further understanding of this phenomena is still needed. The rural community seems to be able to develop its own volunteer system within the informal system. The formal systems seem able to tap this system when needed if human service workers are aware of the resource and possess understanding of how such a system functions. Knowledge of volunteerism in the reservation community is limited and needs further study. Based on these considerations two volunteer projects were developed by faculty of the Social Work Program at the University of South Dakota. The first program was developed in a small city in a public social service agency. The second is in a small town and has a community wide base.

The small city program was developed with the support of a Title XX Training Grant from the South Dakota Department of Social Services. The Department expectation was a demonstration project for training workers to use volunteer resources. The project under the direction of University faculty was carried out in a small city with a population of about 15,000 persons located approximately one hundred miles from campus. Faculty visited the site either weekly or biweekly with telephone contacts as often as needed. The faculty role was one of trainer and enabler. Agency staff were expected to identify roles that volunteers could fill in the agency; identify and recruit persons to fill those roles; and provide ongoing supervision to the volunteer. All staff were expected to participate in the periodic training sessions provided by University faculty.

A major problem in this project was the expectation of state level personnel that visible results (volunteers providing service) would be almost immediately evident. This important influence on the project demonstrated little appreciation of the time necessary to gain support for the project from staff and supervisory personnel on all levels. What was required was attitudinal change. Attitudinal change takes time.

In spite of this, local supervisors and staff did demonstrate some attitude change and some results were visible. Feelings of success were also an important ingredient of such change. A major factor in this early success was the ability of the coordinator to help staff develop an idea for a volunteer service. The service developed in this instance was a coordinator for the Christmas program for clients. This was an area that staff felt took away from their capacity for providing ongoing services to clients--one which was extremely time consuming for a short period of time.

Volunteers were also obtained to provide friendly visiting, shopping services, and as protective payees for older adults. A volunteer served as a part time receptionist. Another developed a file of housing possibilities for clients; a faculty member of a local college designed a needed research project and supervised students in carrying it out.

At the end of the grant period a good beginning had been made in this office toward the use of the volunteer resource. It was also evident that for continuation of the project a local volunteer coordinator was necessary. There was some discussion as to whether this person could be a volunteer. The outside enabler had been able to help staff identify tasks that were appropriate for volunteers. A major problem occurred with recruitment of community persons to fill the jobs. By the time staff were motivated to recruit, the project year was nearing completion, and because of budget cutbacks the project was not renewed. Staff then sensed a withdrawal of state support from the project and began to see the project as one more project whose time had passed.

This project while short-lived did yield considerable information about development of a volunteer project in a small city in a public social agency. This information includes:

1. An early focus must be directed toward attitudes of agency personnel regarding the use of volunteers. This includes not only the workers who will be working with volunteers but administrators and supervisors at all levels. Without their active sanction and support workers are hesitant to attempt to make use of volunteers. No opportunity was given to really work in and with the community to develop positive attitudes toward volunteering.

2. Coordination of a volunteer project should come from within the community. It would seem best for the coordinator to be an agency employee although the use of a volunteer might be feasible if a very special person were available.

3. The coordinator of the project should be given time to develop the project. Not only do attitudes need time for change but time is needed to do the planning, identification of volunteer tasks and recruitment of volunteers. The push for results and the one year time span had a negative influence on the project.

4. Training of staff is an appropriate function of university faculty. Staff seemed to gain understanding and motivation from the training sessions. Evaluations of the project by staff and administrator substantiated this. Rather than filling the coordinator/enabler role faculty would more appropriately fill a consultant role to the community coordinator. One outcome of the project was a training package which will be discussed later in this paper.

5. Recruitment of volunteers for the social service agency needs considerable more attention. This project did not pay sufficient attention to the nonmetropolitan nature of the project. The structure of the public agency encourages acceptance of the urban model for using volunteers without taking the informal nature of the social system into account. Perhaps the recruitment would have been more effective if cultural patterns in the community had been recognized and ways found to help formal and informal systems function together.

It is these learnings that probably were the most significant outcome of the project and they serve as the basis for the second project. The other significant outcome was the training package. A rough outline/description of that training package follows:

1. Volunteers as a Resource in Delivering Social Services--This module contains a discussion of reasons for using volunteers, a discussion of reasons persons are willing to volunteer, an opportunity to discuss concerns about the use of volunteers and a presentation of the steps in developing a volunteer program.

2. Identifying Volunteer Jobs and Recruiting Volunteers--This module includes consideration of the process of volunteer management, a means for identifying jobs which are appropriate for volunteers, suggestions on preparing a job description, and a presentation of basic principles for recruiting volunteers.

3. Screening, Placing, Orienting, and Training Volunteers--This module includes materials on the importance of screening volunteers, interviewing and communication skills useful for obtaining information and matching volunteer and job, identification of content needed in orientation and means for providing that content, and what is needed to design an individualized training plan for the volunteer.

4. Supervision, Recognition, and Evaluation of the Volunteer--This module considers the importance of various tasks of the volunteer supervisor and the need for recognition and evaluation of volunteers.

The training packet is designed so it can be used in flexible time periods lasting from one to four days. It contains lecturettes, activities, reading material, handouts, and discussion guides. In addition it includes notes to the instructor as to how to adapt the material to a specific group.

The second project was based in the desire to test the usefulness of the training packet in a small town setting with a community rather than agency focus. The University town of 10,000 persons was chosen because of its accessibility. A guiding principle of this project was that faculty would provide information, training and some faculty as well as student time and energy to the project with the direction and planning coming from the community itself. It is the author's belief that in order for the volunteer program to meet the community needs and be within its cultural framework it is best for the community to determine structures.

This project has been in progress for a year and is still in a developmental phase. No specific time limitation has been placed on the project as it will proceed at the community's pace. To date the following activities have taken place:

1. September 1981--Presentation of a slide tape on Project One and discussion of the possibility of such a project in the community at the Interagency Luncheon.

2. January 1982--One day training session was conducted using training packet for ten agency and community persons. Discussion of how to set up project was completed. A request was made for University students to determine volunteer opportunities present in the community.

3. March 1982--Additional individualized training was provided for one agency worker who makes extensive use of volunteers.

4. March 1982--Students developed a booklet of volunteer opportunities and job descriptions. This was distributed to all agencies using volunteers.

5. April 1981--A story was written regarding volunteers functioning in the community for the local paper during volunteer week by agency staff person. The editor of the paper cut the article so drastically it was ineffective. The mayor did declare Volunteer Recognition Week.

6. May 1982--Evaluation of project was conducted by two key persons. The next step is finding a way to distribute information about volunteer opportunities and establish some kind of coordination for volunteer activity in the community. Those persons using volunteers seem more positive about their use and ready to engage in additional planning.

These projects have not provided definitive answers to the way to develop a program for the use of volunteers in nonmetropolitan settings. They have however, demonstrated that volunteers can be used as a resource for providing human services in these communities. They also have given some understanding about how to best organize for using the volunteer resource in nonmetropolitan communities.

PRINCIPLES AND RECOMMENDATIONS

Work on these two projects and conversation with individuals involved in volunteer activity in a variety of settings indicates a serious lack of sufficient information on this topic. No conclusions can be drawn on how to set up a volunteer program in nonmetropolitan settings. However from this experience the following principles for setting up such a program can be offered:

1. Volunteer programs may be set up either on an agency basis or on a community basis. The small agency and community should consider a community based program.

2. Someone from the community should be designated as program manager or coordinator. This person may be a staff member of one of the agencies involved. This is probably not a full time position in a small community. The coordinator should be responsible for overall planning, recruitment and placement. This person should also plan for training events for agency staff and volunteers. This person should

have the capacity to match volunteer, agency and client need. Another necessary skill is the coordination of informal and formal system functioning. Extensive knowledge of the community is a must.

3. It is wise to start small. Survey what is presently being done by volunteers and expand from these activities. Expect the project to take time. Work at the community's pace.

4. Early emphasis needs to be placed on developing positive attitudes toward volunteerism in agency staff, potential volunteers, and the community as a whole.

5. Agency staff should be given training in how to identify volunteer tasks as well as orienting and supervising the volunteer. They should be involved in identifying means for making the volunteer experience a positive one.

6. Recruitment is everyone's responsibility. The coordinator should develop as many recruitment sources as possible. It is important to work within the community system when recruiting volunteers.

7. Potential volunteers should be made aware of the variety of volunteer opportunities which are available.

8. Volunteer experiences are most often successful when client needs, agency needs, and volunteer needs are reciprocally met through the experience. Also important is the recognition of and respect for each component's traditional manner of functioning. This can lead to discovering means for allowing diversity of functioning while still coordinating the effort.

9. Appropriate recognition and evaluation of volunteer activity are important ingredients of a volunteer program.

Because use of the volunteer resource in nonmetropolitan settings is still in a developmental stage it is recommended that:

1. An experimental stance be taken when developing such projects.

2. There be continued sharing of experiences and understandings.

3. Projects be monitored to determine which services can appropriately be provided by volunteers and which are more appropriate for the use of other service resources.

It is only through projects such as the two discussed in this paper that understandings about the use of the volunteer resource in nonmetropolitan areas can be developed. It is important that social workers have understanding of the use of volunteer resources if they are to work within the contemporary human service system. Workers in nonmetropolitan settings must also see that the understandings take into account the special nature of nonmetropolitan delivery systems and the rural culture which influences these systems.

NOTES

1. Collins, A. & Pancoast, D. Natural helping networks: A stragegy for prevention. Washington, D.C.: National Association of Social Workers, 1976.

2. Naylor, H. Volunteers today: Finding, training, and working with them. Dryden, New York: Dryden Associates, 1973.

3. Three very useful references are:

   Lauffer, A. & Gorodezky, S. Volunteers. Beverly Hills: Sage Publications, 1977.

   Stenzel, A. & Feeney, H. Volunteer training and development: A manual. New York: The Seabury Press, 1976.

   Wilson, M. The effective management of volunteer programs. Boulder, Colorado: Volunteer Management Associates, 1976.

4. Johnson, L. Human service delivery patterns in nonmetropolitan communities. In H. Johnson (Ed.)., Rural Human Services. Itasca, Ill.: F. E. Peacock, Pub., 1980.

RURAL CHURCHES AND RURAL NETWORKS: IMPLICATIONS FOR SERVICE DELIVERY

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INTRODUCTION

In this era when the emphasis is on doing more with less, and in which funding for social services is being systematically reduced across the nation, there is a strong interest in finding or developing alternative methods of delivering social services. Particularly is this so in rural areas where a lack of formal social services has long been recognized as a characteristic.

Coincidentally, there has developed an awareness that there exist a variety of human service delivery patterns, ranging from the traditional public or private social agency to informal, natural helping networks. Although functioning throughout our society, the latter are particularly visible in the rural areas where they are often seen to compensate for the lack of the former. As one takes an ecological view of society, the importance of the role of such social service providers is readily recognized.

There even seems to be considerable agreement as to the components of this helping system, and that churches play a significant role. This is recognized by Wayne Johnson (1980) who warns that their involvement "may become crucial to furthering or impeding the attaining of goals" (p. 147). Speaking at the 1st National Institute on Social Work in Rural Areas in 1976, Leon Ginsberg also speaks of churches being "crucial institutions" in small towns. He identifies them clearly as community leaders of growing importance, especially in the recent growth of fundamentalist and evangelical churches (Ginsberg, 1976, p. 12). Maddox and Fichter, writing as far back as 1966, have identified the Negro Churches of the South as being the best and most successful of Negro institutions, providing "a refuge from hostile social environment" (p. 50).

Just what the role of churches and of clergy should be in the delivery of social services in rural areas remains to be defined. Further questions are being asked as to what resources are easily accessible to rural residents and accepted by them as desirable resources in times of need for such services.

This paper attempts to contribute to the dialogue a clarification of the role of rural churches by presenting information obtained through a survey conducted in rural areas in Wyoming in 1979.

WHAT WE KNOW FROM OTHER SOURCES

Before proceeding with a report on the findings of the survey, however, it seems helpful to examine what is said in recent social work literature about the role of churches in the delivery of social services in rural areas.

There are wide variations in the definition of rural. Louise Johnson (1980) argues for the use of the term "non-metropolitan areas", which applies to communities with a population under 50,000. In Wyoming, where only in the 1980 Census did one city (Casper) finally exceed the magic number of 50,000, this seems to be too broad a range. There are many Wyoming county seats under five thousand and few are over ten thousand. What resources there are available are likely to be found in these towns, although sometimes provided by staff who "ride the circuit" on a weekly or monthly basis from some larger center of population.

The question to be addressed here is where do rural residents living in the many smaller communities under 2,500 population, which are considerable distance from such centers, turn in their time of need? Johnson proposed looking at the service delivery system in terms of resources. She identifies a continuum that starts with the personal strengths of an individual. This focus is compatible with the expectation in rural areas that individuals will first attempt to cope with their own problems. The next level is the natural community system. In this she includes such resources as immediate family, friends, extended family, natural helpers, volunteers and self-help groups.

The validity and importance of this level of help in rural areas is graphically described by Guillaume and Hayes (1980) in a vignette describing the mobilization of resources in a town of under 300 population to help a single mother of two pre-school children who had been hospitalized with a heart attack. Before the social worker could arrive there from the county seat with information about formal resources, the community had found care for the children, was raising money to pay bills, and had organized a support system to help when the mother could return home. The help was immediate, concrete, and personalized.

The third level of care described by Johnson is the formal delivery system. She warns, however, that in rural areas this must be broadly conceived to include not only social workers but also ministers, educators, extension service personnel, law enforcement and medical resources.

Other writers separate the delivery system in other ways. Yoelin and Krishef (1980) write of the need to work with both formal and informal helping systems to provide a "dual-cooperative" structure of support between the two systems. Churches are seen by them as part of the formal system. Patterson (1977), reporting on her landmark descriptive study of natural helpers, differentiates between "natural" and "paid" helpers. The latter include the banker, lawyer, minister,

welfare worker and teacher, who are allied with formal organizations and sanctioned to function as helpers. In her discussion, she differentiates further between these groups. Paid helpers focus on target populations and are often bound by "office hours" or the need to provide services on agency premises. Natural helpers are flexible, accessible, always available. Paid helpers give help requiring information, instructional skills or specialized knowledge, while natural helpers give of their own time and labor. Paid helpers are more structured and professional. Natural helpers are more spontaneous and use their life experiences. In natural helping situations, there is a sense of mutuality. Elsehwere, it is suggested that natural helpers tend to be long-time residents whereas paid helpers may be mobile, either by choice or policy (e.g., the church that moves the minister every four years). Finally, Collins and Pancoast (1976) argue for the efficacy of "natural" or informal helping systems that operate within communities as opposed to professional or bureaucratized systems that often seem imposed on communities. They criticize social workers for organizing formal services while blind to the informal, positive, helping activities that go on constantly outside the confines of (formal) helping networks. Like Patterson, they emphasize the importance of reciprocity in the helping relationship.

Historically, according to Collins and Pancoast, churches and clergy have been recognized as having a central role in helping networks. Especially are they seen as official caretakers in times of crisis. However, they cite a recent Philadelphia study of "gatekeepers" reported by Robinson, which found that only 15% of the lower economic groups and only 24% in the upper classes turned to clergy and physicians for help. This was in contrast to earlier studies which showed that 68% of the population does seek help (pp. 81-82). On the other hand, it is perhaps significant that Patterson reports that 95% of the natural helpers claim church affiliation. One wonders what the significance of that affiliation is in motivating people to be helpers.

There are reports in the literature of projects for the recruiting of volunteers to be trained as Mental Health Associates in rural areas. One such project sponsored by the Ohio Department of Mental Health and Mental Retardation in 1976 focused on training rural clergy as Mental Health Associcates; another, in Iowa, is reported by Kelley, Kelley, Gauron & Rawlins (1977). Kelley et al. carefully screened groups each including clergy. Such projects emphasize supporting and extending natural abilities, and providing continuing support and consultation.

While it is apparent from the references cited that clergy and churches have a significant role in the provision of human services in rural areas, it is not yet clear how that role is defined. Surprisingly little is written specifically about rural churches as a resource for the delivery of social services.

In a paper presented at the 4th National Conference on Social Work in Rural Areas in 1979, the Rev. Dr. Shirley Greene told of the history of the Rural Church Movement, in which she had been involved for some forty years (Greene, 1980). It is interesting to note that while this movement occupied itself with "the social concerns of the farming

community", these concerns are identified as a commitment to the "survival and strength of the family farm", "promotion of soil and water conservation", "encouragement of cooperatives", "improvement of the living and working conditions of seasonal and migratory farm workers", and "support for more adequate and equitable provision of health, educational, welfare and other social services to rural communities" (p. 175). The emphasis appears to have been on social action and advocacy rather than on the churches taking a direct responsibility for the provision of services.

It was in an attempt to more clearly define the role of the church in the delivery of social services that a study was made in Wyoming in two rural areas in 1979.

STUDY OF THE ROLE OF THE RURAL CHURCH IN THE DELIVERY OF SOCIAL SERVICES

The study on the role of the rural church in the delivery of social services attempted to answer the following questions:

1. Where do rural residents turn for help with a wide variety of problems?

2. What kinds of problems would they take to which resource?

3. What kinds of services did they feel it appropriate for a church to offer?

4. How did they think a minister's time should be allocated?

The author, assisted by clergy and volunteers in the two rural areas selected, conducted door-to-door random interviews in the communities of Pavillion, Kinnear, Morton, Crowheart, Saratoga and Encampment, Wyoming. These small communities are in farm and ranch country, although there has been recent development of mineral resources fairly close to them. One hundred thirteen questionnaires were completed and tabulated.*

The respondents included 60 female church members, 31 male church members, 12 female non-church members, and 11 male non-church members. The communities surveyed were from 25-50 miles from county seats. Most services, such as a doctor, a hospital, a public welfare office and mental health center were located in the county seat. Nearer at hand were elementary schools, a grocery store, and often a church, although a significant number traveled into town to find the church of their preference. Approximately 50% of those who were church goers attended a church less than five miles away from their residence. A little under 25% attended a church between five and fifteen miles away, and

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* Copies of the questionnaires and the tables may be obtained by contacting the author.

a little more than 25% attended a church more than fifteen miles distance.

One factor that had not been anticipated, and which had, therefore, not been prepared for, was that even these small, remote communities in Wyoming were feeling the effects of energy development. They had become dormitories for coal and uranium mining operations located fifty or more miles away. There were large numbers who had been residents less that two years, usually living in trailers. Length of residence was not recorded on the questionnaires, but it appeared to the author that these newcomers tended to be more knowledgeable about formal resources (state welfare, mental health centers), and were more likely to be willing to travel a distance to go to church (so they did not look on the local church as a resource), or did not belong to a church more often than more settled residents. This kind of alienation from the local community is consistent with the findings of numerous studies of the effect of impact (Davenport and Davenport, 1979, 1980). The exact effect on this study of this new element in the rural communities surveyed is not known at this time.

Another factor that may have influenced the responses obtained on the survey is whether the church attended had a full-time or part-time minister, and whether s/he lived locally or traveled a distance, often serving more than one church. Included in the survey were members of Episcopal, Roman Catholic, Presbyterian, Community (Methodist), Nazarene, Baptist, and LDS churches. It was hypothesized that if the minister were known to have social work training, that his parishioners would be more inclined to turn to him for social services. This was borne out when it was found that an Episcopal priest with an MSW degree was regarded as a resource half again as often as were other clergy without this training. However, this might also have been affected by the fact that he was a full-time minister, living next to the church. Some of the other ministers were only available once a week.

FINDINGS

The findings of the survey will be reported as they answer the four questions posed in the previous section. The answers were broken down by sex and church membership.

1. Where do rural residents turn for help with a wide variety of problems?

Five resources were named most frequently by all four groups: Family, Social Services, Church, Doctor, and Senior Center. The order varied amongst the group, which were Female Church-goers, Male Church-goers, Female Non-Church-goers, and Male Non-Church-goers. Consistently, social services and the family were named most frequently. Predictably, church members mentioned churches more frequently than did non-church members. Neighbors and Mental Health Centers trailed the first group, with women slightly more likely to go to mental health centers, and men more likely to call on their neighbors. The resource named least frequently for every category was the Farm Bureau.

2. Which kinds of problems do rural residents take to which resource?

Analysis of the responses shows that church members tended to look to the five top resources mentioned in No. 1 for a wide variety of services. Often, there were multiple answers given. There were obvious differences between the types of problems taken to each resource. Families were seen as resources for family and child-related problems, financial and emotional problems. Many of these same problems were also taken to churches, along with such matters as drug and alcohol abuse, family violence and unwanted pregnancies. Doctors were consulted more for health related problems such as illnesses, drug and alcohol abuse, pregnancies, rape, depression and developmental disabilities. The problems taken to social services tended to be related to specific services offered by such agencies, including child abuse and neglect, foster care, homemaker and chore services for the elderly, child support, and many others. The specific services offered by senior centers appeared to be well known, and the types of problems referred there appropriate.

Very few problems were considered appropriate for Mental Health Centers or neighbors to deal with. Neighbors were seen as resources at the time of the death of a child, or for transportation assistance. The problems taken to Mental Health Centers included emotional illness, drug and alcohol abuse, depression, and help with children who are presenting problems.

In contrast with the multiple answers by male and female church-goers, non-church-goers seemed to be familiar with such resources as mental health and churches and were unlikely to seek help from neighbors. They intended to use the family, doctor and social services for limited and rather specific problems. Death, family relationships, depression and financial problems were kept within the family. Doctors were thought of primarily for health related difficulties. Senior Citizens Centers were thought of in connection with some of the better publicized programs for the elderly. Male non-church-goers thought of social services only for child neglect, adoption and homemaker services. Female non-church-goers seemed to be more familar with the wide range of services offered through social service agencies.

Overall, women church-goers seem aware of multiple resources for problems encountered, with men church-goers not far behind. On the other hand, male non-church-goers seemed to be aware of few resources with female non-church-goers somewhat more familiar with them, especially with social services.

3. What kinds of services is it appropriate for churches to provide?

The first item asked about financial aid. The responses were: Yes, 34; No, 51; Don't Know, 21. This shows a strong feeling against the churches providing financial aid. A number of responses both positive and negative were qualified by such additions as: a little, in crisis, to members only.

There was a strong support for counseling as an appropriate service, although some discrimination was shown between different types of counseling. Most support was given to family, marital, and death and grief counseling. Less support was given to personal (perhaps a reflection of rugged individualism - one should take care of one's own problems), or to alcohol, drug and emotional counseling (perhaps these were seen as requiring more expertise).

There was strong support for friendly visiting, and quite strong support for social activities for the elderly and recreation for children. On the other hand, there was considerable opposition or uncertainty about the appropriateness of churches being involved in providing adoption, day care, or homemakers services. Surprisingly, there was almost as much opposition or uncertainty to churches supporting AA groups.

4. How should a minister's time be allocated?

Respondents indicated that the preferred use of minister's time is in the conducting of services (92), closely followed by crisis assistance (91). In third place was counseling (81). After this came youth work (79), christian education (75), hospital calling (62), and visiting members (60). Then the results drop to writing sermons (47), studying (42), visiting non-members (41). Grouped at the bottom were community activities (30), maintenance of church property (29), and community organizations (25).

On the whole, there were no major differences between church-goers and non-church-goers in their perceptions on this question. The non-church-goers tended to place less value on sermon writing, studying, visiting, hospital calling, and counseling than did church members. On the other hand, they seemed to feel that maintenance of church property was a more important part of a minister's responsibility than did the church-goers. There were comments by some of the latter that this should be done by church members.

SUMMARY

The results of the survey clearly indicate that in the view of rural residents, churches are a major resource in times of trouble. Social services, which may include not only the official state agency but also some specialized agencies, are widely known in rural areas and are most often seen as appropirate resources (cited 1,357 times), especially for specific, concrete services. The next most important resource for all groups combined were the churches (1,094), closely followed by the family (1,069). Doctors came fourth (719).

It is noteworthy that even people professing to be non-church-goers turn to the churches for help with problems at times, and see it to be appropriate for churches to provide a variety of social services.

Church members, both male and female, turn to their churches with problems that can be characterized as those involving relational difficulties, emotional problems, and such specific matters as substance abuse, violence in the home (including rape), and unwanted pregnancies. For the non-church member, these problems are taken care of in the family or may be taken to the doctor, both of which are frequent resources to church members as well. It appears that church members have much greater support systems available to them, as evidenced by multiple choices for most questions. Non-church members, on the other hand, often seem to have very limited support systems. This suggests that when one resource (e.g., the family) fails to meet the need, there is no readily available back up support system for them.

This study raises a number of questions both for the social work profession and for churches in rural areas, such as:

1. How well prepared are the rural churches and their ministers to handle the types of problems that are brought to them?

2. How well informed are ministers in rural areas about resources available to them and their clients? Do they know how to successfully refer them to the appropriate resource?

3. Are the clergy adequately trained in crisis counseling, one of the areas most frequently seen as being appropriate for ministers?

4. With the churches in rural areas seen as a major primary resource for residents with problems, should there not be greater cooperation and communication between public social service agencies and the rural churches?

5. Is there a responsibility for the public social service agencies to participate in the training of ministers in rural areas so that they can more effectively deal with the problems brought to them?

6. Is it possible that Title XX Training Funds should be used to provide the training needed, both in the knowledge of and use of other resources, in crisis intervention techniques, and in basic counseling skills appropriate for the types of problems brought to the ministers?

There are additional questions raised for rural churches, such as:

1. What types of social services do they feel are really appropriate for them to offer?

2. To what extent is the funding of such services a problem, and would the acceptance of public funding, if available, entail an unacceptable form of public supervision?

3. How does the education of ministers address the kind of problems the survey shows are brought to the rural churches?

This study does confirm what has been suggested previously in the literature about the important place of churches in providing services in rural areas, and that they are, indeed, integral parts in helping networks. With Wayne Johnson's warning that the involvement of rural churches in the helping system "may become crucial to furthering or impeding the attaining of goals" in mind, greater efforts need to be exerted to help such churches accept the role prescription given them by rural residents. Greater opportunities need to be made available to rural clergy to qualify themselves to fulfill the role demands of their congregations and of non-chruch members who lack other resources. The projects cited in Ohio and Iowa show a practical way of increasing the counseling skills of rural clergy so that the role of the rural churches in the delivery of social services may be enhanced. It can be hoped that both social agencies and churches serving rural areas will seek further ways of more effectively delivering social services to rural residents.

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INNOVATIONS IN RURAL COMMUNITY EDUCATION: ILLUSTRATIONS FROM THE LOCAL MEDIA

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INTRODUCTION

This paper presents a rationale for the use of the local news media by rural mental health and related social service practitioners for community education and prevention purposes. The need to strengthen prevention efforts, particularly under the present circumstances of severe resource constraint, is discussed and ways in which local newspapers, radio and television can serve as valuable, cost-free resources in innovative rural community education are identified.

The examples provided have been developed primarily by community mental health centers. However, they have broad applicability and should be helpful to any rural social service practitioner interested in promoting the well-being of individuals, families and communities through community education and prevention activities.

MAKING THE MOST OF LIMITED RESOURCES

At a time of overall retrenchment and curtailment of funds for social programs by the federal government, the problems of availability of and access to services which have characterized the rural hinterland will become more acute. If this is added to the greater demands that new demographic trends will place on non-urban environments, the picture becomes quite bleak. Even the popular literature has begun to document the superstructural changes brought on by the changing population of rural and small town America. "So rapid is the growth," says a recent U.S. News and World Report article, "that towns and villages, once tranquil, are displaying a variety of the undesirable characteristics of larger cities, rising crime, hostility among residents and housing shortages" ("Population Surge...," 1981, p. 4). To this list, rural mental health practitioners would add the increasing rate of drug abuse registered by many rural areas and small towns, the persistence of alcohol-related problems, and the increase in the incidence of stress-related mental health problems including child abuse, family breakdown and depression. This paper focuses on the use of the rural news media to increase prevention activities on the premise that increased preventive measures result in decreased need for costly remedial services. Although the cost-benefit relationship between prevention and remediation has not yet been broadly corroborated for all of the social services, there is increasing evidence that

specific prevention programs are cost effective ("Illinois Prevention Effort", 1981).

While we are aware of the problems of rural topography, population characteristics, resource distribution, etc. for service provision, we believe that for some purposes, including the use of the local media, the advantages of rurality and the Gemeinschaft outweigh their limitations. In this paper, we have chosen to emphasize positive action, not because we are oblivious to the problems of limited resources but rather because in relation to the local media, the characteristics of small towns and rural areas make it possible to achieve significant results with very modest efforts.

PREVENTION AND THE MASS MEDIA

The concept of prevention prevalent in mental health circles and in social work practice is one derived from public health.

> ...In public health the continuum of activity is calling 'primary prevention', 'secondary prevention', and 'tertiary prevention.' The activities are often classified as 'health promotion and specific prevention', 'early diagnosis and treatment (including case-finding)' and 'disability limitation and rehabilitation.' (Meyer, 1974, p. 3)

All three levels of preventive intervention can be served by community education activities. Identification of "at risk" populations and health-promoting activity (primary prevention), early diagnosis and crisis intervention (secondary prevention) and rehabilitation (tertiary prevention) all have educational as well as clinical ramifications.

Although we recognize the usefulness of the distinction among primary, secondary and tertiary prevention, we will be using the generic term "prevention", not to exclude any preventive work which could potentially be fostered through the use of the media. As our examples will show, anticipation of disorder, early diagnosis and treatment, even rehabilitation through the support of the community, are all activities which can be substantially aided by the use of the mass media.

INNOVATION IN RURAL AREAS

In 1977, the Rural Development Policy Study Report, addressing the many complex development problems of rural areas, states that "investment in technological innovation that effectively addresses the unique and diverse needs of rural areas has been, apart from support for agriculture, negligible" (USDA, 1977, p. 6).

Existing innovative programs in a variety of fields tend not to capitalize upon resources which are indigenous to and easily accessible in the rural areas. In relation to community education and prevention efforts, for example, whether in mental health, health or family life, a lack of inventiveness and imagination has been pervasive.

Taking rural community mental health as a specific example, while NIMH has often encouraged rural innovation and many gains have been made on the rural front (Segal, 1976), the fact is that innovation has often been costly, foreign to the community and its mores, and hard to operationalize. Research has documented that one of the most frequently identified problems in rural mental health is entry of "the system into the community" (Gertz, Meider & Pluckman, 1975). Community resistance in rural areas has affected all mental health service components, from education and prevention, to the provision of in- and out-patient services, to current efforts at deinstitutionalization.

Researchers have speculated that one possible cause of this resistance is the extreme self-reliance which characterizes many rural residents. In reference to a study conducted on Martha's Vineyard, it has been pointed out "that people who live close to the soil and the sea, always vulnerable to the weather, develop a sense of fate as a principal determinant in their lives - a fate they believe will withstand human efforts at amelioration" (NIMH, 1978, p. 2-3). Reaching such self-reliant residents requires the use of already existing, legitimate community resources. Bringing new messages to reluctant rural residents requires perseverance, determination and constant exposure. Whether they attempt to publicize a new service, change perspectives of old ones, develop enhanced understandings of need or reach isolated citizens, community education and prevention efforts in rural mental health and other social services must be aggressive enough to overcome resistance and lethargy, conventional enough not to antagonize rural residents, legitimate enough to be listened to, and finally, broad-ranging enough to be meaningful and useful.

In spite of the fact that community education and prevention activities have been traditionally underdeveloped and underfunded areas of mental health and social services and that present budget cuts will further undermine their strength, some rural communities across the country have begun to make innovative and imaginative use of the already legitimate resources of the local mass media to get messages across to the community at large. These innovative approaches are, by and large, not costly and can be easily duplicated without additional resources by a variety of service agencies concerned with prevention. Education and prevention might be a formal role of community mental health services but are not in their exclusive domain. Preventive activities which can avoid the catastrophic effects and curb the cost of remediating the consequences of "problems of living" are within the scope of a variety of rural agencies, from churches to hospitals to volunteer groups.

SELF-HELP AND NATURAL SUPPORT SYSTEMS

There is clearly a heightened concern among members of the public about their health and social functioning and a willingness on the part of many individuals to take greater responsibility for their own physical and psychological well-being. In the area of mental health, there is a great deal of public interest in ways of successfully coping with all of life's challenges.

> People are interested in what sort of skills it takes to make good decisions, to be successful, how not to be somebody's doormat and to get along with themselves. They are interested in how to raise children, how to be happier, how to deal with depression, how to communicate and many, many other subjects. (Kradel, p. 1)

Human service workers need to play a greater role than they have done so far in providing the kinds of information to the public that will support people's capacity to respond constructively to normal problems of daily living and to critical episodes and transitions that are likely to occur in their lives. At the same time that individuals are taking a greater interest in their physical and mental health and taking more responsibility for their own well-being, what are called "natural support systems" (Baker & Northman, 1981), "natural helping networks" (Collins & Pancoast, 1976), or "informal helping services" (Froland, Pancoast, Chapman & Kimboka, 1981) are becoming more important.

Silverman (1978) has observed that "the quality of life of any individual is affected by the nature and quality of the helping networks or exchanges in which he participates" (p. 56). By supporting and strengthening these natural resources, the mental health worker can prevent or ameliorate individual and social problems and can contribute to the well-being of a community.

> These groups provide an opportunity to collaborate with another helping system to achieve the common goal of preventing the development of serious emotional and social problems and to enhance people's ability to cope with life's problems. (Silverman, 1978, p. 10)

Natural helping systems, including self-help groups, have quite limited information about the tangible and intangible resources that are available to them. They can benefit enormously from the specialized knowledge that mental health workers possess, although they might not have or want direct access to this professional expertise. The mass media provide ideal opportunities for mental health practitioners to share their knowledge with persons who want to improve their own functioning without resorting to direct professional help. Supportive messages and helpful information can be channeled effectively and efficiently through newspapers, radio and television to these indiviuals, as well as to natural helpers and mutual-support groups.

THE MEDIA IN SMALL TOWNS AND RURAL AREAS

In rural areas, the partnership between mental health professionals and journalists can be very fruitful and generally easier to accomplish than in the large urban environment. Rural mental health workers have to be oriented to the community in which they practice. They have to be aware of its power structure, leadership patterns, systems of social interaction. Journalists in small communities are members of a variety of networks which often coincide or overlap with the ones in which mental health practitioners function. Mental health providers must capitalize on the mutuality of rural relationships and on the personal access they often have to community "influentials" (Powers, 1967), including reporters, editors, broadcasters, etc. These relationships can lead to more developed and closer working arrangements through which the therapeutic and educational potential of local newspapers, radio stations and even local television channels can be enhanced.

The popular media stretches across the hinterland, along roads and into villages few others can effectively touch. Commenting on the far reach of the media, Kradel states that "mass media pervades our society even in rural areas. Ideas for positive mental health...can be packaged to travel through the car radio, the television screen -- including the local cable TV station -- and through the local daily or weekly newspaper....Media can develop a balanced approach to mental illness and not focus on the bizarre and unusual" (Kradel, p. 3).

PREVENTION IN RURAL MENTAL HEALTH PRACTICE

Mental health practitioners in the rural context are in a unique position to incorporate prevention into their routine activities. Rural mental health workers, perhaps more than those located in metropolitan areas, are naturally drawn into consideration of mental health problems from the point of view of their interconnectedness with a range of factors in the total environment. In view of the underdevelopment of the infra-structure and the lack of service resources that typify the rural setting, the effective mental health worker must look beyond those factors that are causing the immediate problems for patients or clients to identify incipient or potential sources of stress for individuals and groups. Rural preventive interventions can range from the publicizing of specific new services to attempts to energize indigenous populations in response to daily events which can have consequences for their well-being. The media can provide the type of platform for community education efforts which is conventional enough not to antagonize rural residents, legitimate enough to be listened to, and finally, as we shall demonstrate later, broad ranging enough to be appealing and entertaining as well as useful.

An additional factor that makes community education activities productive in rural areas is that "community," for the vast majority of rural mental health workers, is not an abstraction but a readily identifiable set of face-to-face relationships, interpersonal networks, social arrangements and cultural traditions, often taking place within a given relatively compact geographic areas (the Gemeinschaft to which

we have alluded). Mental health services which are truly community-oriented, including those provided through the media, are likely to have immediate and identifiable results in rural areas. The availability of the immediate feedback will allow the mental health practitioner to correct the "packaging" of the message if it is found unappealing or displeasing, and even to modify the message itself if no receptivity to it is detected among community members.

Another merit of the media in the rural community is that is provides an avenue for reaching audiences in a sustained fashion. Educational and preventive efforts through the mass media should be consistent and repetitive. Even news releases which might have the value of news only once, can generally be followed up by a feature article. Rural communities resist and resent programs and people perceived as fickle, superficial or lacking in permanence. When new topics of discussion are introduced into rural homes -- and this is hopefully what preventive, educative or therapeutic media messages aim to do -- it is important that they be continued and/or followed up appropriately over a period of time. Columns in newspapers, weekly shows on radio, or regular TV appearances all provide the rural mental health practitioner with the opportunity of repeating a message more than once, becoming a more familiar figure in people's homes, and eventually, if the item is also good, being anticipated with some eagerness by the audience.

SURVEYING AVAILABLE MEDIA RESOURCES IN THE COMMUNITY

Prior to initiating any media effort and given the nature of rural networks, it is always helpful to inventory all possible media resources existing in a particular area. To your surprise, you are likely to find that the range of media outlets is quite extensive and includes sources of varied degrees of sophistication. The sources range from newsletters printed by local companies to bargain sheets and local newspapers; from radio stations to cable TV and special channels of both radio and TV which might belong to local educational institutions. Once you have surveyed the existing media outlets, the next step is to prepare a list of persons whom you know within the locality or region who are connected with or know something abut the media. Again, practitioners are likely to find that, by doing a bit of old-fashioned rural searching, they come up with an already established network of contacts to put to use. Then you must visit, call and consult with the persons identified as members of those local networks, get their ideas for ways of approaching the issues at hand, and begin...

While initial efforts might not be earthshaking, perseverance and a desire to search for ideas, styles and alternatives which accommodate to local idiosyncracies will eventually render meaningful results.

SOME RURAL EXAMPLES

We would now like to present some examples of community education and prevention activities that can quite readily be carried out by rural

mental health practitioners through local newspapers, radio and televison.

NEWSPAPER COLUMNS

A staff member of a rural Pennsylvania community mental health center (CMHC) writes a column on mental health topics that regularly appears in fourteen small community newspapers throughout the region. These articles provide information about mental health and mental illness that serves many of the supportive, educational and preventive functions mentioned earlier in this paper.

In a mixed urban/rural areas of Pennsylvania, a weekly "wellness" column appears in a local Sunday newspaper. The column is jointly sponsored by the local community mental health center and mental health association.

Another newspaper column, this one in rural Illinois, adopts an approach that is more explicitly responsive to readers' questions. It was also initiated by a community mental health center. Three newspapers in the center's service area carry a weekly "Dear Counselor" column that answers readers' questions about mental health and related topics. A CMHC staff member coordinates and edits the column which is actually written by a group of 25 professionals and paraprofessionals from a variety of social service agencies who answer letters or address topics that fall within their areas of expertise. They perform this function on a voluntary basis and are reported to be glad to do it for the community education and public relations value that the column represents ("Read All About It", 1976, p. 33).

Each weekly column usually contains an offer to readers of a free pamphlet, dealing with the topics addressed. Many of these pamphlets are available free or at very low cost from government agencies. The center reports receiving about 25 letters per month in response to the 'Dear Counselor' column, including requests for pamphlets ("Read All About It," 1976, p. 33).

NEWS RELEASES

Minimally, mental health and social service organizations and even individual practitioners can publicize or encourage self-help or other community groups to publicize routine meetings and special events. A simple news release should be sent to local newspapers and radio and television stations.

A news release can result in a newspaper article or television or radio coverage that will either provide a pretty full treatment of a topic or organization and the functions that it serves or will produce a short news item that simply announces an event and provides minimal background information. However, even the briefest media coverage can serve a worthwhile community education function.

Practically all newspapers have "community calendar" or "clubs and orgnizations" sections and it is a simple matter to have meetings or events listed there. A few newspapers are even beginning to publish "self-help" columns that cover the activities of the various self-help groups that meet in the community. While the information that can be included in these typically brief announcements of meetings, workshops, socials, etc. is quite limited, an effort can be made to include some educational or interpretative material, to the extent that the space provided by a particular newspaper will allow it.

RADIO AND TELEVISION

Some rural mental health and social service organizations arrange to have members of their staff appear on local radio and television talk shows there they have the opportunity to provide self-care and other preventive messages to large listening and viewing audiences. Other groups and organizations submit public service announcements (PSAs) with community education messages to local broadcast stations. Radio and television stations, as a condition of licensing by the Federal Communications Commission, are obligated to devote a protion of their broadcast time to public affairs programming. Rural mental health practitioners can help them meet their obligations by providing them with PSAs and ideas for public affairs programs that serve a community education or prevention purpose.

On a more ambitious level, a community mental health center in West Virginia produces a soap opera called "The Bramble and The Rose" that is carried regularly by local radio stations in Appalachia (Kradel). The soap opera, while packaged as entertainment for a mass audience, contains a variety of mental health messages that emphasize constructive approaches to problems of daily living.

Researchers have found that "less-educated persons who are particularly deficient in knowledge of community mental health resources" (Sundel & Schanie, 1978, p. 305). A radio soap opera such as "The Bramble and The Rose", because of its popular entertainment format, is an effective way to reach hard-to-reach members of any community.

ADDITIONAL RESOURCES AVAILABLE TO THE RURAL PRACTITIONER

Many of these activities are well within the capacities of most mental health organizations, even those with the most severe resource constraints. For those mental health professionals who feel that their journalistic skills are not sufficiently developed to allow them to engage in "therapeutic journalism" (Joslyn-Scherer, 1980) with confidence, there are abundant aids and prepackaged resources available. For example, the basic principles and tools for working with the media can be readily gleaned from a variety of sources ranging from short pamphlets to full-blown texts (League of Women Voters, 1974, 1978; U.S. Department of Health and Human Services, 1980; Gordon, 1978; MacShane, 1979).

The Missouri Mental Health Association has produced a set of model newspaper columns dealing with mental health topics (Coret, 1977) and the Mendota Mental Health Institute in Madison, Wisconsin, has developed a series of 60-second scripts for radio or television public service announcements with child guidance and preventive mental health messages (Schleicher, 1976).

In addition, the federal government's Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) publishes a regular Information and Feature Service and a series of reproducible newspaper columns on "Understanding Mental Health", "Understanding Alcoholism" and "Understanding Drug Abuse." These "Repro" copies are available free to mental health organizations and practitioners and to local newspapers who can use them verbatim, adapt them, or supplement them with their own material. They can also be used as models for mental health and social service workers to follow in writing their own articles or columns, particularly during initial efforts when skill and confidence are not yet well-developed. These articles can be made more significant for local populations by the addition of specific local information. Brief passages of dialogue with community members or prominent local figures (ministers, educators, businessmen, etc.) can render the information more meaningful to rural residents struggling with a particular problem or to those who might be close to someone who needs help.

CONCLUDING COMMENTS

For those rural mental health practitioners who are interested in taking a more preventive or promotional approach to individual, family and community problem-solving, there are many opportunities to engage in productive community education activities through local newspapers, radio and television. Rural workers need to develop greater awareness of the opportunities for this type of activity that exist in their own communities.

In this paper, we have attempted to demonstrate how the rural news media can be used effectively and without substantial cost for community education. We have attempted to suggest that most rural mental health practitioners are adequately equipped to handle the demands of media utilization and that, in fact, little or no additional training is required to produce the kind of modest efforts that we have described. Rural people have always been able to rely on their ingenuity to solve complicated and often formidable problems. Faced with the severe restrictions which present budget cuts are generating, rural practitioners can, once again, rise to the occasion.

Extraordinary powers have been ascribed to the "fourth estate" in modern complex societies. A lot of unnecessary awe and hesitation has thus ensued. Yet, when rural people think of the media, they need not think of a remote and impersonal power, but rather of their neighbor - the reporter, their friend - the radio announcer, or their relative - the local T.V. station manager. It is important that rural mental

health practitioners continue to bear in mind the nature of the rural relationship with the media.

If rural practitioners can reduce the abstraction of "the media" to a group of persons they know, they will be less intimidated and more capable of utilizing it as a community resource, in the same way in which they would utilize the church (a group of ministers), the government (a group of public officials), etc. While familiarity can sometimes breed contempt, it is our contention that, in rural areas and in reference to the media as a social institution, familarity will breed comfort and greater ability to capitalize on rather than retreat from its power.

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RURAL COMMUNITY ALTERNATIVES IN HEALTH CARE SERVICES

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The conference theme addressed today is that of "community based service delivery." In response to that theme we have focused on the provision of health care services in a rural Wisconsin county; services generally viewed as "alternatives to institutional health care services." The services emphasize maintaining people in their own homes as long as possible without resorting to the traditional institutional forms of health care such as hospitals and nursing homes. The mechanisms used to provide this in-home care are generally termed the "alternatives." In our view, institutional care is the "alternative." Living at home is the "standard." People belong at home.

After a brief look at the status of health care in rural areas and a description of Waushara County, we will be focusing on four health care groups we have identified as being high risk: the elderly, agricultural workers, new mothers and infants eligible for WIC programs, and children from low income families eligible for EPSDT screening. Goals, objectives and the delivery of services needed will be discussed in terms of programs in place in Waushara County. We will also look at "self-care" efforts, public health services and the home health programs in terms of offering viable health care in the home and community.

"The perfect state of health is an abstract ideal not likely to be realized...." begins the preamble to the 1978-79 "Platform for Quality of Life in Wisconsin" of the Wisconsin Public Health Association. "In contemporary terms an ideal 'state of health' connotes a full life span without illness or impairment, the realization of one's potential for physical, emotional and intellectual growth, participation in social relationships conducive to living harmoniously and productively. Factors contributing to healthful life are dynamic and complex with biologic, psychologic, social, spiritual, and environmental origins that are interwoven." (WPHA, 1979, p. 1) Even though the United States has the potential to provide the best health care in the world, levels of health considered attainable for all fall short. In rural America this ideal potential is even less likely to be realized. (Rural America, 1976)

The overall health status of rural community residents is influenced by many factors: 1) uneven distribution of physicians and other medical personnel which results in severe shortages in some areas, most of which are rural; 2) low personal and family incomes (The median rural family income is approximately 27% less that that of urban families); 3) lack of access to broad health insurance coverage; 4) fewer community based services; 5) the historical view of how health care services are to be provided (based primarily on the medical model of intervention without support for many public health activities); and 6) a lack of recognition by the rural community of the necessity for broad governmental, public responsibility for health care policy and financial support for service delivery.

Health care policy is generally defined as "the body of stated goals, directions and goals that govern the implementation of programs, activities and the effort related to public and/or private health organizations." (Lum, 1982, p. 5) As we view health care as a comprehensive social service as well as one which provides medical intervention, its policies and directions should develop from certain value criteria: 1) Adequate health care can be provided to all areas; 2) All individuals have the right to receive needed health services; 3) Services provided should be humane and demonstrate social concern; 4) Each individual must assume responsibility for his/her own health; and 5) Interaction between the individual's health and community and environmental factors is important." (Lum, 1982, p. 15) These value criteria are also reflected in five of the eight WPHA platform statement planks:

"Plank #1: Wellness is a basic criterion for social well-being and fulfillment of human potential.

"Plank #2: Everyone has the right for a healthy start in life with access to preventive measures throughout the life cycle.

"Plank #3: WPHA gives public endorsement of the fact that the individual has primary responsibility for his/her health care.

"Plank #4: Access to education for self care must be promoted.

"Plank #5: Gaps in consumer awareness and utilization of available health services must be eliminated....." (WPHA, 1979, pp. 2-4)

Waushara County is located in the Central Sands region of the State of Wisconsin. Shaped like a breadbox, it is 36 miles east to west, and 20 miles north to south. 1980 census data puts the total county population at 18,526. Wautoma, the county seat, has a population of just over 1,800. Seven other smaller communities with populations of 300-650 are scattered throughout the county. By definition, Waushara County is entirely rural. Agriculture is its principal industry, although tourism is also of note to its economy.

Waushara County is typical of a number of counties in the Central Sands region. Woods, hills, small lakes, trout streams and rocky ridges have attracted vacationers, hunters, fishermen and retirees from the nearby Fox River Valley as well as Milwaukee, Madison and Chicago. The Fox River Valley is an area which combines large industrial and agri-business complexes with food processing operations and family dairy farms. Cities of 30,000-50,000 are in close proximity to sparsley populated rural areas. The largest migrant labor population in the state is located in this area in season.

We have in Waushara County identified four separate health care groups at high risk:

1. The elderly
2. Agricultural workers
3. New mothers and infants eligible for the Women, Infant and Children (WIC) nutrition program for low income people.
4. Children from low income (ADC) families eligible for the EPSDT (Early Periodic Screening Diagnosis and Treatment) screening program.

As our particular concerns regarding these groups are related to health status and the delivery of health care services we have had to look closely at the needs each group has either identified for themselves or has been identified for them through utilization of and requests for health care services. From this informal needs assessment we have identified the following goals for the services directed toward each of these goals.

1. Prevention and reduction in chronic illness among the elderly.
2. Prevention of accidents and minimizing exposure of agricultural workers to agricultural chemicals.
3. Prevention of low weight babies of new mothers in the WIC program.
4. Early detection and prevention of debilitating illness among the EPSDT screening population.

Each of these goals is aimed towards the improvement of the quality of life of the rural residents identified in each group, as well as aimed towards effecting their state of total health in a positive direction.

To achieve the goals, specific objectives need to be identified and linked with the provision of the necessary services. Figure 1 represents the service delivery potentials for each high risk group that are available to some extent in most rural communities. A quick review of these services emphasizes the significance of public policy and public financial support to make these services available in rural areas. A brief overview of each group we have identified, and a discussion of several of the more organized delivery systems will be used for illustration of specific objectives. We will also discuss the relationship of these local services to state and federal financial responsiblity.

FIGURE 1

TARGET POPULATIONS	COMMUNITY BASED SERVICE DELIVERY SYSTEMS	
Elderly	Home Health Public Health Screening/Monitoring Clinics Hospitals Physicians and Clinics Emergency Services Nursing Homes Social Services Homemaker Chore Services Protective Services Foster Care Transportation	Mental Health Services Commission on Aging Senior Centers Nutrition Program Volunteers Homesharing Telephone Security Family/Relatives/ Friends
Agricultural Workers	Farmer/Grower/Employer Agriculture Extension Environmental Protection Agency Department of Natural Resources Public Health Health Care Clinics	
WIC Mothers and Infants	Food Supplements Nutrition Education Public Health Social Services Screening/Monitoring Clinics Day Care Volunteers	
EPSDT Eligible Children	Screening/Monitoring Clinics Immunizations Public Health Social Services Medical Services Medical Referral System	

THE ELDERLY

Parts of Waushara County are rife with small lakes surrounded by cottages. Much of this type of property is owned by metropolitan vacationers and as they grow older and retire they often winterize the cottage and come back to live where they spent many happy vacations. This is, to both county and the retirees, a mixed blessing. An isolated rustic camp may be very relaxing in July, but very inconvenient during a January blizzard.

Nearly one third of Waushara County's population is over 55 years of age (5,498). Two thousand eighty-eight of this group is between the age of 65 and which is 11.27% of the total county population (U.S. Census, 1980). These figures combined with those that indicate approximately 32% of the total county population is under the age of 18, present a situation where over 60% of the county's resident population is potentially dependent and in need of a range of health care services.

To attempt to examine the situation more closely we will first discuss each high risk group identified, look at some of the specific health care need they present and then describe services that are in place, in planning stages or anticipated for future development.

Most counties have some basic services available for the elderly. The Commission on Aging usually provides some system of transportation, some on-site and/or delivered meals. Senior citizen clubs or senior centers may provide opportunities for socializing, recreation and outlets for handicrafts. County agencies usually have some ongoing programs for either multiphasic screening or specialty clinics for diabetics, high blood pressure and glaucoma. There are often flu immunization programs annually and the newest of programs, the risk appraisal, wellness and self care programs. Such programs also give rise to quit smoking, weight reduction and aerobic exercise programs. Also in place in nearly every county is the Home Health Care Service. This service is designed to offer intermittent skilled nursing care to individuals in their own homes. The Department of Social Service also fits into the service provider picture for the elderly. Homemakers services, chore services, protective services, foster care, transportation and guardianship planning may be included in the services offered. Food stamps, Medicaid and some financial assistance may also be available through Social Services.

In Waushara County less than 4% of the county residents, 65 years of age and older live in institutions. (U.S. Census, 1980, Table 2.05) There are two 85 bed nursing homes in the county. Fees vary from $45.00 to $48.00 daily for skilled care and $37.00 to $42.00 for persons who can assist themselves to some degree. This is for semi-private room and does not include medication, oxygen or physiotherapy. These nursing homes are licensed by the State Division of Health and certified for Medicaid.

In our rural setting we also have two small 35 bed hospitals. Rates are $105.00 to $115.00 daily for semi-private room and meals. All special care, medication and treatment are billed separately. It is not uncommon for charges to rise to $300.00 to $400.00 per day.

AGRICULTURAL WORKERS

Waushara County's agricultural scene presents a wide variety of farming operations, from the family dairy operation to large corporate agri-business concerns. Milk, vegetables, and Christmas trees are the mainstays of this agricultural area. The vegetable crops (potatoes, corn, cucumber, beans, peas, onion, carrots, lettuce, and spearmint) are highly mechanized and labor intensive. In season, growers use both local and migrant workers in all phases of their operations. They are also using at ever increasing rates chemical fertilizers, herbicides, pesticides and overhead irrigation systems. Aerial spraying at frequent intervals is standard procedure in this area. Consequently, both the risks of personal exposure to and environmental contaminations by these chemicals is great. The state's regulations, restrictions, inspections, and reporting procedures are helpful; but the keys to prevention in this area involve education concern and the availability of alternatives.

Farm accidents also pose real threats to the overall status of many individuals. In 1976 in Wisconsin there were far more deaths from farm accidents than any other form of work related accident. Education, experience and specific training go a long way toward reducing the need for acute care facilities by way of preventing farm accidents.

NEW MOTHERS AND INFANTS

The Women, Infant, Children program (WIC) is a well-designed federal program to meet the increased nutritional needs of pregnant women, lactating mothers, infants and children up to the age of 5. It is designed for 185 percent of poverty level incomes and features a specified package of food for each age group and classification. The foods specified are dairy products, fruit juices, infant formulas and cereals -- all protective foods and essential to proper development of bone, muscle and nerve tissue in the growing child. As a program it has made real impact on the food habits of recipients. Brands of cereals are specified by vitamins and sugar content, fruit juices must meet vitamin C standards and brands are removed or added as the manufacturer changes the content of protective elements. Those who receive WIC "drafts" receive a nutritional education component as well as the food itself. This reinforcement in addition to the actual ingestion of the quality foods should, over time, make a marked difference in the nutritional health and habits of youngsters. Good food and enough of it, are not the sole needs of young children, but without it there is little chance of producing a healthy youngster, no matter how caring the family may be. As well designed as WIC is,

it must still reach the recipients it was designed for, therefore attitudes of the providers and efforts put into outreach become very important.

EPSDT SCREENING ELIGIBLE CHILDREN

Early, Periodic Screening, Diagnosis and Treatment (EPSDT) is a federal program designed to pick up early indication of physical problems with children on Medicaid. It was specifically built to utilize assessment skills of well trained nurses as well as physicians, to make it more cost effective. In Wisconsin most screening is done by public agencies. Providers who receive referrals for any deficiencies or health problems are paid out of the same program. There is a good built-in evaluation system, since the provider accepting the referral returns information to the screener or case manager. One of the most valuable parts of the program has been the fact that each mother/father accompanying children has time to discuss their health concern for their family with the assessment nurse. This interview has given nurses an opportunity to provide a great deal of anticipatory guidance and information on self-care.

SELF CARE

"Self Care" is the term now receiving the attention "wellness" claimed a few years ago. Self care refers to many actions people take for themselves to protect or maintain or heal themselves. For example, the nurse who works with the newly diagnosed diabetic patient and a social worker who addresses the problem of isolation for a client are both teaching self care. Waushara County women have been successful in making changes in their pre-natal delivery and post-natal medical care through a self care program. Some years ago, "rooming-in" became possible after a long period when the newborn was isolated from the mother except for a few minutes daily. Then fathers were permitted to be with the mother in the labor and delivery room. More recently birthing rooms have been added to hospitals. Home deliveries are also becoming more numerous--another example of the emphasis on self care.

Changes in this area of health care have been successful in part because the techniques used do not necessarily remove the insurance funding normally applied. This, unfortunately, is not true for most other self care activities. We are paid insurance benefits when we are sick, not when we are well. There is little financial incentive to teach self care since the prevention of illness is both nebulous and unprofitable to the medical health delivery systems. (Lum, 1982, p. 17)

HEALTH CARE POLICY

As long as Medicare and Medicaid continue to finance physicians and health care institutions to the tune of 85% of total health care expenditures, the "alternatives" will remain limited. (Lum, 1981, p. 41) What a given community can provide in the way of local resources, local organizations and cooperation, volunteers and some supplemental funding is of benefit, but not adequate to provide the financial foundation needed for a comprehensive community health services program. The bias in public policy which favors institutional care reflects how the channeling of dollars has upset the balance of priorities in the health care field. The most abundant and flexible funding is made available for medical intervention by a physician and care in his/her hospital or nursing home. Policy based on this medical model of health care will continue to keep the dollars flowing in support of this type of medical intervention, leaving broader public health to the mercy and the limitations of the local community.

PUBLIC HEALTH

Now that we are in a period of fiscal restraint, public health has become almost entirely a local/municipal/county concern, with very few functions coordinated or reimbursed at the state level. This is combined with ever decreasing allotments of federal money directed toward maternal and child health, prevention, family planning and environmental concerns. We are beginning to see several results of the shortage of funds available. Local agencies are being turned toward competitive grant writing as one way of extending their local public health funds. This makes it even more difficult for the rural areas because of the time and expertise needed for grant writing that may not be available. The loss of preventive services such as low cost or free immunization clinic, pre-natal classes, well baby clinics, home visits for new mothers and high risk babies follow-along for multiple problem families and environmental protection program such as regular restaurant inspection and the sanitation of swimming pools and public buildings could be devastating over time.

HOME HEALTH

In contrast to this bleak picture, Home Health Care assumes a brighter hue. Home Health Care developed through the Medicare program in the 1960's. It was designed after the much older Visiting Nurse Associations. VNA's were largely endowed organizations with fees and community donations making up their funding. Home Health Care agencies rely on Medicare and Medicaid reimbursement, with private fee and insurance payments making up a small part. Because of the usual availability of a sliding scale fee, these services are available to everyone. They enhance the possibility of early release from the hospital and may prolong the chronically ill patient's stay at home

before institutional care becomes imperative. Home Health Care may also assist the caring spouse or family to keep a terminally ill patient at home. Medicare, however will not fund Home Health Care on a maintenance basis. The patient must be newly diagnosed, recently hospitalized, rehabilitative or rapidly terminally ill. This is true regardless of whether such care maintains the individual in his/her own environment. Medicaid, in Wisconsin, will pay for maintenance care if the patient wishes to stay home and such care can be provided. Potential cutbacks in Medicaid however, may place this service emphasis in jeopardy.

Home Health Care is not restricted to the elderly. It also provides intermittent skilled nursing care, personal care, teaching for patient or family and reassurance and emotional support for those in need. Home health nurses often provide case management services as well by putting a family in touch with other needed community resources.

The reliability of funding has made most Home Health Care a viable, reliable and economical resource in many rural areas. Waushara County's Home Health Care fees, for example, are $45.00 for a visit by the R.N. and $25.00 for a visit by the aide. Actual agency costs for these visits, which average two hours including travel, is within a dollar of this figure. Medicare and Medicaid have in the past always paid the lesser cost or fees, but the latest information is that Medicaid will soon pay only a maximum figure, regardless fo the actual agency cost.

Exactly what effect this will have on the provision of service remains to be seen. In 1981 the Home Health agency in Waushara County spent $203,000.00 on salaries and mileage for 7 nurses and 2 aides, plus patient supplies and office support for a total of 195 unduplicated patients. Many received services all year, some for lesser periods. This averaged to just over $1,000.00 per year per individual. Naturally, skilled nursing care and personal care are not the only services many received. Some had a few hospital days and most had other services to support them at home. A surprising number had no one else living in the home! This is even more surprising when we consider the average age. Surveying a recent census of 85 patients under care at home, 5 were under 30 years of age, 5 were 95 or older. The average age was 79.8 years.

Another common element in Home Health Care agencies is the Loan Closet. Waushara County has an extensive array of hospital beds, wheelchairs, walkers, commodes and even Hoyer lifts. The use fluctuates, of course, but it is not uncommon for all 55 walkers to be out or all 28 wheelchairs loaned. Some loan closets charge a nominal fee, but many are like Waushara's stocked and maintained by community donations and loaned without fee.

The health care goals we have identified in this presentation and the services that can be provided to meet them are directed towards prevention and early detection of health care problems. To deliver services designed to meet these goals, rural communities must squarely face the need for cooperation and coordination of local resources and efforts, as well as persistence in the stance that support for efforts is more than a local responsibility. Individual responsibility for one's own well being is important, but it must be combined with larger community support for education, the development of self care skills and for dealing with larger environmental concerns that ultimately effect the health status of everyone.

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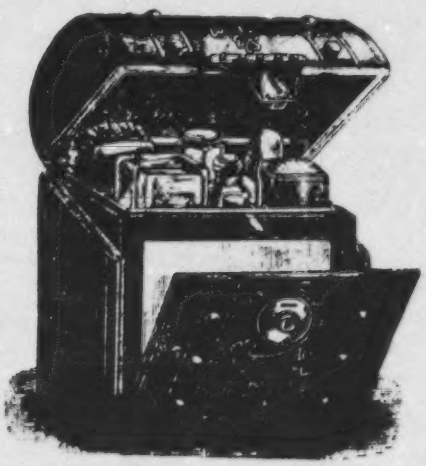
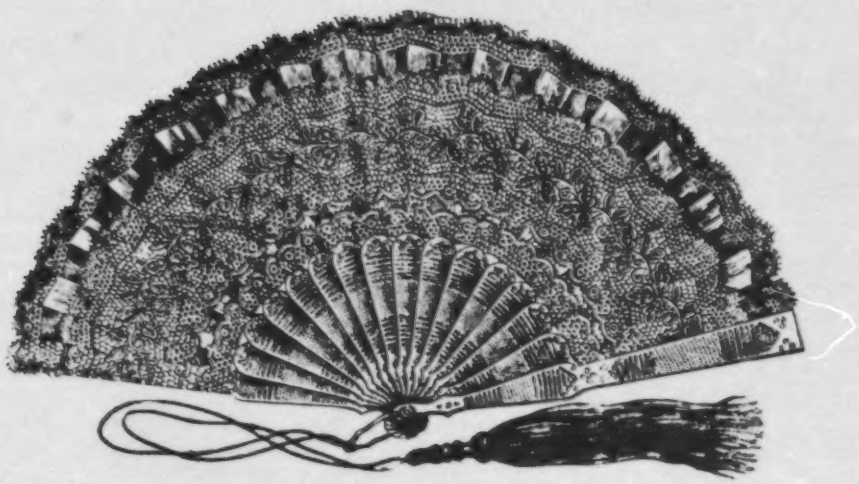


Section II. Working with the Rural Elderly

The rural elderly are a significant population long neglected in the human services literature. Increasing concern for the rural elderly as well as appropriate practice with the rural elderly can be found in the recent literature. In this work, Lillian Snyder conceptualizes the role of the social work consultant in long term facilities. Many (if not most) rural communities provide nursing home care for their citizens. Ms. Snyder presents a comprehensive approach to social services in such facilities. Connie J. Armstrong and Cindy Thomas Fitzgerald report on a survey they conducted with nursing home staff in two rural Illinois counties regarding their in-service needs. Their analysis also provides information regarding the professional preparations of nursing home staff in those counties. Their study suggests several important areas of in-service training for nursing home staff. Gregory Verson presents a multi-dimensional approach to the preparation of undergraduate social work students for practice with the rural elderly. This approach is grounded in actual classroom experience and addresses the importance intergenerational approaches that focus on the specific "cultures" found in rural communities.



THE ROLE OF THE SOCIAL WORK CONSULTANT IN LONG TERM CARE

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INTRODUCTION

In recent years increased attention has been given to the social needs of residents of long term care facilities. Attention to physical care and fire prevention is not enough. Nursing homes have been critized as being warehouses for the aged where the elderly have often been shut off from friends and relatives. The abuse and stigma of the nursing home have produced a crisis in families of the elderly who can no longer care for the elderly at home. The stigma associated with the nursing home has a long history.

Early in the Nineteenth Century each county was urged to build a farm home for the destitute, the chronically ill, the elderly, the mentally ill, the alcoholics, and homeless children. It was felt that they should live in a homelike atmosphere. Those who were able to work on the farm did the gardening, and farm chores. These farms provided care and security. They were in advance of the times, but they eventually became known as "poor" farms or almshouses. It was a stigma to be poor and homeless.

The first nursing homes were organized by religious groups, by local communities, and by well meaning citizens. But they were unable to overcome their stigma in the public mind.

With the coming of medicare and medicaid in the 1960's a vast array of extended care facilities were built. The profit making proprietary nursing home chains became one of the most attractive stocks on Wall Street.

However, complaints of poor care from families and friends led to a series of investigations in several states. Finally congressional studies by the House Select Committee on Aging resulted in national legislation to improve conditions.

In addition to several new requirements Public Law 92-603, Article 240.12 in Standards for Intermediate Care Facilities provides:

> "A designated staff member suited by training or experience is responsible for arranging for social services and for the integration of social services with other elements of the plan of care....

> The medically related social and emotional needs of the patient are identified and services provided to meet them, whether by qualified staff of the facility or by referral based on established procedures, to appropriate social agencies," (Tichenor, 1974)

The federal law requires that each facility must have a social worker with a master's degree in social work, or a bachelor's degree in social work, or an employee with a high school degree and appropriate experience, to be called a Social Work Designee who has access to a qualified social work consultant.

Definition of a social work consultant

Webster defines a consultant as 1) one who consults another, or 2) one who gives professional advice or services (Webster, 1967).

In social work the word "consultant" has several connotations. Unlike the supervisor and service provider--the consultant has no administrative function in carrying out social policy in the organization. The role of the consultant has three components: it is advisory, educational and informational.

The social work consultant is a professional social worker with special expertise who advises the social work designee and the administrator on particular areas of interest and concern which can improve the social well-being of residents as well as the functioning of the institution in fulfilling its responsibilities to the public.

The extent to which the services of the consultant are used in an extended care facility depends upon the knowledge of his/her function as well as the conviction of the value of this function by the consultee.

EDUCATIONAL REQUIREMENTS OF THE CONSULTANT

The social work consultant holds a Master's Degree in social work from an accredited school and is registered or licensed by the state where s(he) practices. In addition s(he) is often certified by the Academy of Certified Social Workers. S(he) should also have had two years of supervisory experience and at least two years experience in the medical field. There is great demand for social work consultants in the rural areas. Although standards of care have improved, there continues to be a lack of understanding of the aging process, lack of awareness of the social needs of residents, and a lack of skill in dealing with behavioral outbursts and frustrations of residents who are unable to cope with increasing physical impairments, the constraints of limited space, and the lack of privacy.

ROLE OF SOCIAL WORK CONSULTANT

Although the consultant is not a part of the formal structure of the long term care facility, s(he) has an important role in advising the administrator on how to meet the professional standards outlined by the National Association of Social Workers for social work in health care settings (NASW Standards for Social Work in Health Care Settings, 1980) and in complying with the federal and state regulations for residential care. The social work consultant assists the administrator and staff with those interests and concerns they wish to discuss in relation to the professional needs of staff members and personal and social needs of residents and their families.

Tichenor points out that when people become ill and must enter a nursing home, they have three problems. They suffer a social disturbance because they must leave their familiar surroundings, and face separation from their previous way of life. They must endure the pain of their illness and fear of outcome. And they must make an adjustment to nursing home living (Tichenor, 1977).

The administrator carries out the will of the owner or governing board to fulfill the goals of the institution.

Services to the Administrator

Administrators of long-term care facilities come from all walks of life. Some have a medical background which varies from the doctor of medicine, the public administrator, or from the nursing field. Others have been bookkeepers, secretaries, teachers, bankers, or retired military personnel. Few of them have had much contact with social workers, and few of them have been prepared educationally in theories of behavior or social adjustment. Administrators are expected to keep the beds filled and to watch the fiscal "bottom line." There are pressures from all directions. For some the requirement to hire a social work consultant to comply with federal standards of care is just another headache which must be met to be eligible for medicare or medicaid patients. Social work consultants may also be a part of a game plan--merely fulfilling the requirements without providing a real service.

The social work consultant can aid the administrator in providing information and suggestions with regard to the policy, goals, program, and structure and function of the social work component of institutional care. S(he) may want advice on the selection of the social work designee. With increasing emphasis on documentation and justification of services s(he) may want advice on methods of evaluating results of the social work service.

The consultant may be asked to participate in the patient review conferences. This may involve an assessment of the social aspects of the care of the resident at the time of admission, at periodic follow-ups, and at discharge.

The consultant can provide information about community services which can enhance long-term care or assist with discharge arrangements.

The written report of the consultation visit can keep the administrator informed and can document the kind of service provided. Written reports should include the names of persons seen during the consultation visit, a summary of the discussion with the social work designee regarding new admissions with the list of goals as well as on-going progress with other residents in achieving goals, summaries of inservice-training sessions, interviews with residents, as well as any other service provided during the visit.

Services to the Social Work Designee

The minimum educational requirement for the social work designee is a high school education and appropriate experience. In a large center s(he) may be a full-time employee. But in smaller institutions with less than 100 beds the position is usually part time. The position is usually combined with that of activities director, or of a nurse's aide. As a rule the social work designee is selected because of his or her natural skills in showing understanding and acceptance of the elderly. S(he) has usually had no professional preparation in knowledge of the aging process or in learning skills in dealing with behavioral problems of residents. Some nurse's aides are more comfortable in performing the nursing duties and are not strongly motivated in listening to troubled residents. For example, one nurse's aide complained that the other staff members criticized her for "goofing-off" whenever she sat down to talk with residents. They also resent the "paper" work connected with the role of the social work designee.

Tichenor recommends the 3-D approach for the social work designee: data, decision, and do. The first step is to gather the necessary information to understand the resident and his social needs. The second step is to decide how to help him/her through the selection of goals to improve his/her situation, and the third step is to take the necessary action or provide the needed service (Tichenor, 1977).

Social assessment. It is important to become well acquainted with each resident at the beginning of placement. Who is the resident? What events have led to his/her admission to the center? What is his relationship to his/her family or other important persons in life? How far did s(he) go in school? How did s(he) support himself? What is his/her religious preference? To which community groups does s(he) belong? What limitations does his illness impose on his/her social well being and independence? What are his/her social habits and preferences? The social assessment can aid the administrator in his/her decision to admit the resident. If the applicant has participated in the admission process, many problems of later adjustment can be avoided. Other avenues of care such as home health care should be explored prior to admission.

The social assessment can aid the physician, the nursing staff, the dietition, and others in dealing with the initial problems of adjustment.

Some social work designees find this process of making the social assessment new and threatening. The consultant can aid him/her in learning how to proceed.

Setting goals. Taking up residence in a long-term care facility may be the last chapter in the lives of many people. Or it may be a period of convalescence from surgery, a heart attack, a stroke, arrest of cancer or other chronic conditions. At any rate, there are long term goals and day to day objectives to be followed to enable the resident to make optimum use of his stay in the facility. In holistic medicine increased attention is being given to the social, interpersonal relations and comfort of the resident. The consultant can widen the perspective and open up new options for the consideration of the social work designee in determining the initial goals which are usually set during the first two to four weeks. The initial goals should be reviewed periodically.

Ongoing service. Carrying out goals involves frequent contact with residents and their families. It also means sharing observations with other staff members about daily habits, traits of character, personality profile, and the resident's methods of coping with stress and constraints. Some residents may show unusual achievement in adjusting to a new environment. They may be able to use community resources such as the rehabilitation center. It is important to be alert to the strengths and achievements of residents and to be creative in developing the means of accentuating their progress. The physical arrangement of many centers limits the opportunities for residents to fulfill some goals. Lack of transportation often precludes opportunities to take advantage of outside entertainment and recreation.

Group work. Born into a natural group--the family--human beings seek the self-assurance from their peer groups, religious groups, school groups, and social groups. Through the group process the resident can get emotional support and comradeship. The social work designee usually sponsors the resident council which meets periodically to share feelings about their care and to make plans for future events at the center. Regular group meetings with family members can be useful to those who may be guilty about their decision to place the resident in the center. The family group meetings can help family members to be more helpful to residents. They can plan events which can be more helpful to residents. They can plan events which can benefit everyone.

Volunteers. The place of the volunteer is frequently overlooked. The consultant can make suggestions about the use and contribution of volunteers and may even help in their recruitment. The volunteer can provide a rewarding relationship with a resident who shares

common interests. S(he) can keep the resident up-to-date by leading group discussions, reading to residents, escorting them on outings, bringing in library books, taking them to church, and assisting them with tasks in daily living. The Retired Senior Volunteer Program provides training for senior citizens in most counties to work in long-term care facilities. This service not only helps the residents but also helps the senior citizens who are lonely and have time on their hands. Volunteers can be any age such as college students or high school students who are planning a career in work with the elderly. The consultant can assist with the placement of college students who are placed in the center for field experience in connection with their major.

Community groups. The consultant can aid the social work designee to invite various groups from churches, schools, service organizations, and other community groups to meet with residents on special occasions such as family night or on special holidays. These projects can cement family relationships and can also overcome the stigma of the institution in the community. Contact with outside groups can stimulate residents in their self-care and self-actualization.

Written reports. The social work designee usually has had little training or experience in writing reports. The consultant can help in preparing guides for various reports on social assessments, social histories, progress reports, and discharge planning summaries. It is important that the reports serve as a communication link with other staff members. They can also serve as bench marks for progress in achieving social goals.

STAFF DEVELOPMENT

An important contribution in improving services to residents and in improving the mental health climate of the facility is the inservice-training sessions for all staff members. The topic, "Trauma of Admission to the Extended Care Facility," has been popular. This topic in three sessions covers how the change in environment affects the resident, the family, and the staff. Involvement of staff members through role-playing and simulations is essential. Other popular topics include: "Death & Dying", "Services to the Long Term Resident Through Behavior Modification", and "The Role and Function of the Social Worker."

Occasionally a member of the nursing staff seeks the advice of the consultant or social work designee in coping with nonconforming behavior of residents.

Social work students may be placed in the institution if the consultant can aid with supervision. In particular, the consultant may need to assist with structuring the learning goals.

DIRECT SERVICES TO RESIDENTS

When appropriate the consultant may interview residents who seem unusually upset or who have reached an impass in their relationships with some staff members. Residents are burdened with feelings of loneliness, uselessness, death wishes, as well as fear of dying. They often reveal their attitudes through disruptive behavior. They are often more relaxed with an outsider and can consequently talk more freely about their problems. The consultant can listen to both sides of the situation and help each one to gain a greater understanding and appreciation of the effect of his/her impulsive response.

IMPLICATIONS FOR RURAL SOCIAL WORK PRACTICE

My first visit to a nursing home in the early fifties to arrange for the transfer of a patient from our general hospital was shocking. The stench was overwhelming. Patients were fed and tied to their beds at 5:00 p.m. There were no "activities" nor visits from volunteers. Family members were not encouraged to visit for fear of "upsetting" the patients. Times have changed. Today many of the lonely and isolated elderly are adjusting to aggregate living among friends. For example, there are over nine hundred nursing homes in Illinois scattered throughout the 102 counties. Hancock County in western Illinois with a population of 23,000 has four facilities providing skilled, intermediate, or shelter care. They are modern, well organized, and provide a variety of activities, arts and crafts, and recreational pursuits. Some residents are transported daily by van to a sheltered workshop.

Children from Hancock County have emigrated to cities throughout the world leaving behind the elderly who make up almost twenty percent of the population. The majority of the elderly are widows who continue to reside on the farm or have recently moved into the nearby village. According to a recent study they complain of loneliness and isolation. When illness strikes the elderly patient typically enters one of the two hospitals in Hancock County or a hospital in the state. He/she is then transferred to a skilled nursing center. If he/she returns home, nursing care can be provided under the Home Care Program of the Hancock County Health Department. Even though most communities in Hancock County do not have a full-time physician, medical care is available within twenty-five miles.

Unless the nursing facility is actually located within the local community, there is a drastic disruption of life-long ties with relatives and peers in one's neighborhood as well as church. Ties to one's social environment are often minimized. The staff in the social system of the nursing home is often operating on a different plane from the world of the residents. Residents from disparate backgrounds are thrown together under one roof by circumstances. Although social workers have been involved with nursing homes for years, it is time to take a fresh perspective on such involvements. More is required than

finding a substitute living arrangement for persons who can no longer care for themselves. More is required than helping family members deal with their guilt in lacking the skill or room to care for loved ones at home. On the one hand nursing homes provide jobs for many persons who have little training or understanding of the needs of the elderly. On the other, such employees provide limits to comprehensive care of residents. Social workers should have the knowledge and skill through the consultation process to assist all the interacting social forces which make up institutional care. Are we ready for the challenge?

SUMMARY AND ISSUES

The social work consultant can provide invaluable assistance to administrators, social work designees, and nursing staff in helping each staff member to become more aware of the meaning of behavior of residents. Careful social assessments and planned action in implementing goals can prevent many problems in adjustment and ongoing care of residents. Meeting the social and emotional needs of the resident is an important aspect of holistic medicine.

The social work consultant is faced with several issues which need to be addressed in order to provide optimum service. These issues include the following questions:

1. Does the staff really see the need for social service in the facility? Do staff members resent this requirement? Are they aware of the trauma to residents in changing one's environment in the later years?

2. What should be the minimum educational and experience requirement for the social work designee? If there is very little background in understanding social needs of the elderly, how can there be communication between the consultant and the social work designee?

3. What should be the minimum education and experience requirement of nursing staff? How can they develop awareness of self along with general knowledge about the social needs of the elderly on the job?

4. Are staff members aware of the importance of the process in making the decision to make application to enter the facility? Subsequent problems develop when there is pressure to come in or a medical crisis which forces one to change one's life style.

5. Should there be more openness of admission, transfer, and discharge? There is not only the crisis of admission, but there may be a crisis of discharge. Money runs out. The fracture heals. There are home health services and other innovations in community services in many rural areas. There should be an appropriate use of the facility for people who need it rather than keeping the beds filled with paying residents.

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RANKINGS OF IN-SERVICE NEEDS OF NURSING HOME STAFF IN JACKSON AND PERRY COUNTIES

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The proportion of elderly that reside in nursing homes is quite small compared to the elderly who are able to remain in the community. However, the psychological and emotional stress these elderly people encounter upon admission to a nursing home facility is often overwhelming.

The elderly remaining in the community are referred to a number of community resources in order to find methods to cope with the stresses they encounter. The elderly residents of nursing homes soon find that the majority of their social support comes from the nursing home staff. Smithers (1977) states:

> Upon admission to a nursing home, the aged patients' total social reality becomes defined by the narrow setting, a small supervisory staff occupy a position of overwhelming authority and consequently possess the power to define how the patient population will be regarded, understood, and treated. (p. 251)

Because of this impact that nursing home staff have on the physical and emotional well-being of the residents it is important that they understand the mental health needs of this population.

The elderly in our society are subjected to a number of mental and emotional problems. These disorders can be categorized into three groups: cognitive loss (demential), affective diseases (depression), and disorders of projection (suspiciousness and paranoia) (Eisdorfer, 1979). Busse (1973) contends that much of mental illness among the aged (and other ages) is at least partly caused by social and psychological stress and therefore can be ameliorated by the reduction of stress and proper treatment. He then points out that multiple stresses associated with old age are: loss of income, loss of social role, bereavement, ioslation, and loss of cognitive functioning.

A large majority of nursing home residents have psychiatric symptoms requiring treatments. Busse states that:

> Even in patients who have no psychiatric history problems of adjustment to the nursing home setting arise in relation to other patients and staff, change in residence, changes in daily living patterns, physical illnesses, and concerns with

> death, disability, abandonment and disease. The healthiest of patients often manifest depressions which require therapeutic intervention lest they deepen. (p. 172)

Miller (1966) described the elderly in nursing homes as having varying degrees of organic brain syndromes, which could be manifested by memory, intellectual and judgmental deficits, associated with confusion and disorientation.

Because the purpose/role of nursing homes is to provide 24 hour, confined care, it should be acknowleged that the staff have an impact on the mental and emotional needs of the elderly residents. Goldman and Wood (1975) state:

> The usual caretakers and decision makers at all levels need to become aware of their own attitudes and feelings and behavior toward residents and their families. They need to realize that (1) by not being in touch with their own feelings, or (2) due to lack of knowledge, they inadvertently have increased the patients' dependency, psychological decline and physical impairment, and (3) interdisciplinary cooperation is necessary in order to deliver quality of care. (p. 119)

Brody (1977) regards the attitudes of direct care staff as important, but these attitudes also must be accompanied by knowledge and skill.

One reasons that elderly persons residing in nursing home facilities may not be receiving adequate mental health services is that these facilities are not equipped to recognize or respond to psychiatric difficulties (NOCA, 1978).

Because of the prepondance of behavioral problems in nursing homes, it should be required that all nursing home staff have in-service training relative to the total needs of nursing home residents (Miller, 1966). This in-service training should be available to all levels of the long term care staff, particularly those with less than a baccalaureate degree, since they generally have more contact with the residents. Since the care of the residents is a result of team effort, all members of the team should be trained (Schock, 1981).

The benefits of training could impact on the nursing home staff as well as the residents. As Brody and Gottesman (1974) report:

> In-service training should be combined with thoughtful job definition based on the physical, psychological and social needs of patients. A first requisite is to show how physical and psychological care can be integrated. When this is done, operational staff can make significant

> gains in helping other people reach their maximum functioning level, can enjoy their work more and are likely to change jobs less frequently. (p. 272)

Studies by Kosberg, Cohen & Mendlovitz (1972) and Hickey, Rakowski, Hultsch & Fatula (1976) have shown that in-service training does have an effect on attitudes of the nursing home staff. However, there is a dearth of studies of the effect of in-service training on the cognitive levels of nursing home staff, especially in the areas of mental health.

In-service training for nursing home staff in the rural counties of Southern Illinois were often limited in the scope and range of topics. Primarily this was due to the cost of providing in-services and training programs.

Few homes were able to budget the cost of films, equipment, hand-outs, and other training materials for all staff. Therefore, priorities were given to training topics on nursing skills.

Another cost consideration that affects the attendance at the in-service training programs was over-time pay. Few homes could compensate staff attending in-service programs beyond their duty shift.

Also affecting the scope of in-service programs offered were the educational gaps between nursing home staff and differences in duties performed by the variety of staff. Those staff having attained degrees would feel some information would be redundant and non-degreed staff would feel in-services would be too technical for them to understand.

Lack of other community resources to provide in-services in rural nursing homes prohibit variety in the scope and range of topics offered.

The mental health agencies in the two counties of Jackson and Perry in Southern Illinois had been involved previously with in-service training but the topics had been limited to psychotropic medications, writing care plans, and types and treatment of mental illnesses. Very few in-service training programs were on specific issues pertaining to the elderly residents mental health needs.

The purpose of this study was two-fold: 1) To survey nursing home staff in two counties in Southern Illinois to determine a rank ordering of in-service needs for the nursing home staff, and 2) To compare the training needs between the nursing homes and a control group to determine differences in training needs.

STATEMENT OF THE PROBLEM

The following hypotheses were formulated for the present study:

1) Rankings of in-service needs in the five topic areas will vary across agencies.
2) The nursing homes in Jackson and Perry Counties are not expected to be significantly different in the rankings of in-service needs of the five subtests than the control group in Williamson County.
3) Within each topic subtest there is expected to be a significant difference between nursing homes on the percent of correct items.

METHOD

Subjects

There are seven nursing homes in Jackson and Perry Counties in Southern Illinois. These nursing homes were selected because they receive consultation and educational services by one of the authors. A control group in Williamson County was selected because of its proximity to the other two counties. The control group has never received in-service training related to the five topic areas. The subjects in Jackson and Perry Counties have received in-service training on mental health topics, but not on the five topic areas tested.

All the nursing homes were comprised of the following departments: administration, nursing staff, dietary, housekeeping, social service, and activities. The staffing patterns of these services tend to vary from home to home.

Instrument

The questionnaire was developed as a multiple choice survey. The survey was then examined by a panel of experts. This panel consisted of a nursing home administrator, a nursing home social service worker, a private therapist, a college professor in social welfare, and a measurement specialist. Revisions were made following their recommendations.

The instrument was comprised of 22 multiple choice questions that cover five different mental health topics especially related to the elderly. The questionnaire had one question on sexuality of the aged, three on depression, nine on confusion, four on death and dying, and three on stress. Staff were asked to code their answers on a computer form.

Procedure

In two nursing homes the researcher was able to administer the questionnaire to staff members in a group meeting. Staff who could not meet at the meeting were asked to complete the questionnaire during

their free time. In-service directors, head nurses, or administrators of the other nursing homes administered the questionnaire individually to staff members.

Administrators of the questionnaire were asked to inform staff that the information obtained was to be used in formulating future in-services. Confidentiality of respondents was assured by using the last four digits of the social security number for coding purposes. Also each nursing home was given a code number.

None of the respondents were randomly selected. It was expected that all staff would be given the opportunity to complete the questionnaire. Staff who did not respond to the questionnaire did so for a variety of reasons (e.g., were on vacations, were not scheduled for work during the allotted time period, did not care to participate, and did not have time during the allotted period of time to complete the questionnaire because of heavy workload).

The staff of each nursing home was given an average of two weeks to complete the surveys in order to allow for rotation of staff.

Analysis

In order to determine the rank ordering of in-service needs, a mean percent of correct items was calculated by topic area and across agencies. The mean percent of correct items was obtained by dividing the number of correct items by the total number of items per subtest (for each subject). The mean percent of correct items for each agency was then calculated by averaging these subject percentages within each topic area. Next, a rank ordering procedure using the statistical analysis system was conducted with a low number indicating a higher degree of need.

An analysis of variance was conducted across agencies for each of the five topic areas. The precent of correct items served as the dependent variable. An analysis of variance was conducted to determine if the percent of correct items in the nursing homes in Jackson and Perry Counties were significantly different from the percents of the control group.

A profile of the respondents was developed by calculating the percent of people in each of the following categories: department, sex, race, education level, and age category. Means were calculated for the number of years in current department and total years of service in nursing home facilities.

RESULTS AND DISCUSSIONS

Of the 254 questionnaires distributed, 215 staff across the various departments completed the questionnaire resulting in an 85% return rate. The majority of the respondents were employed as LPN's (15.2%), RN's (4.8%), or nurse's aides (52.4%). The remaining respondents worked in the housekeeping or food service departments (16.8%),

administration or clerical (5.2%), social service (2.9%), activities (6.2%), or other (6.7%). Most of the subjects were female (88.6%). Consistent with the census statistics, 90% of the respondents were White, 9% were Black, and the remaining 1% were classified as other. The age distribution of those surveyed was the following: under 18 years (2.5%), 18-25 years (37.3%), 26-35 years (24.4%), 36-45 years (14.4%), 46-55 years (12.9%), and over 55 years (8.5%). The level of education of the subjects was the following: less than high school (24.0%), high school degree (24.6%), LPN or one year of college (17.3%), associate degrees or two years of college (9.1%), three to four years of college or bachelor's degree (12.0%), and post bachelor's degree (2.9%). This distribution was as expected due to the high number of LPN's and nurse's aides employed by the nursing homes. Lastly, in the profile of the respondents, the mean length of stay in the current department was 3.41 years and the average length of time employed by nursing home facilities was 4.91 years.

By using mean scores across the nursing home, the data revealed that the ranking, of the topic areas, in order of need for training were: (from highest to lowest) sexuality, confusion, death and dying, and stress. Table 1 lists the mean rankings across nursing homes for each topic area.

TABLE 1 Rankings of Nursing Home Facilities for Each Mental Health Topic Area

		TOPIC AREAS				
Facility	N	Confusion	Depression	Sexuality	Death & Dying	Stress
1	33	2	4	1	3	5
2	37	2	3	1	5	4
3	26	5	3	2	1	4
4	17	2	4	1	3	5
5	13	2	5	1	3	4
6	18	2	5	1	3	4
7	27	2	4	1	3	5
8 (Control)	44	2	3	1	4	5
Mean Score		2.38	3.88	1.13	3.13	4.5

The data in Table 2 show that there was, as predicted, no significant difference in the percent of correct items of the subtests of topic areas between the nursing homes in Jackson and Perry Counties and the control group in Williamson County. (Confusion, $F = 2.0$, $p = .66$; Depression, $F = 1.73$, $p = .19$; Sexuality, $F = .00$, $p = .95$; Death and Dying, $F = .30$, $p = .59$; and Stress, $F = 1.12$, $p = .29$).

TABLE 2 Mean Percent of Correct by Topic Areas and Across Nursing Homes

		TOPIC AREAS				
Facility	N	Confusion (9 Q)	Depression (3 Q)	Sexuality (1 Q)	Death & Dying (4 Q)	Stress (3 Q)
1	33	48.1	59.6	36.4	55.3	61.8
2	37	46.8	52.3	35.1	60.8	59.5
3	26	70.1	65.4	61.5	48.1	69.2
4	17	40.5	51.0	11.8	42.6	52.9
5	13	50.4	69.2	46.2	53.8	66.2
6	18	50.0	55.6	27.8	51.4	53.3
7	27	42.8	55.6	37.0	48.1	60.7
8 (Control)	44	48.7	52.3	38.6	55.7	56.4

The third hypothesis of this study was only partially supported. As the data in Table 2 indicates, the mean percent of correct items by topic areas varied across agencies. For example, in the subtest confusion, the lowest mean percent correct was that of Facility 4 at 40.5 and the highest percent correct was that of Facility 5 at 70.1. However, the analysis of variance within topic areas and across agencies only resulted in significant differences in the area of confusion ($F = 3.90$, $p < .001$) and a trend in the area of sexuality ($F = 1.82$, $f = .08$). All other differences across agencies were not significant.

SUMMARY AND CONCLUSIONS

The findings indicated that a rank ordering of in-service needs could be determined by this survey. For the seven nursing homes in Southern Illinois the topic area in highest need of training was sexuality and the lowest was stress. This was consistent with the control group. This should mean that the subjects in the nursing homes in Jackson and Perry counties are at a base level comparable to other nursing home staff elsewhere and that following an in-service training program, the change in attitudes and knowledge could then be measured.

However, because of the variability of each subtest in the survey, in-service programs should be presented in order of priority for each facility.

Limitations and Delimitations

It had been expected that all staff of the eight nursing homes would respond to the questionnaire, thereby eliminating the need for random sampling. However, because of reasons already mentioned, not all the staff responded.

Another delimitation was that there was no control as to how respondents were administered the questionnaire.

Recommendations

A future study could determine the impact of in-service training on these topic areas by including a post test following the training of all five topic areas and comparing results to a control group to measure change.

Another study might be to compare the in-service needs of professional staff and paraprofessionals via this instrument or an alternate instrument measuring the same constructs. The purpose of conducting this study would be to determine if different in-service programs should be offered with respect to level of education.

A more typical view of nursing home staff in general would have resulted had the method of random sampling been utilized. It is suggested that for future studies this be done. Due to the high turnover of staff, random sampling could also assure participation and completion of pre- and post-test comparisons.

In conclusion, the authors offer these suggestions for providing in-services to nursing home staff located in rural areas.

Attitudes of rural people toward sexuality are considered to be conservative. It is important to recognize different sets of values held by staff as well as residents of a facility.

Discussion of sexuality may be difficult due to the belief that sexuality is a private matter. Films might be helpful in promoting

discussion. A second in-service program on the myths and facts of sexuality of the elderly could then follow.

Nursing home staff deal with death and dying on a daily basis. This is no different for staff in rural areas. What is different is that the grief experience by the nursing home staff in rural areas is more likely to be a personal grief. In small towns, residents in the nursing homes are likely to be a relative, neighbor, former teacher, etc. An in-service on death and dying focusing on this personal grief and supports for outlets would be most helpful.

An in-service on confusion should be particularly open to all staff. Non-nursing staff could then recognize the importance of reality orientation that they could provide in their daily contact with the confused residents.

A method of treating depression is promoting social supports and diverting attention away from the cause of the depression. Because of the closeness of rural communities, the staff need to recognize their own value in providing this social support to the residents of their facility.

Diversion is limited in rural areas where resources are scarce. Staff need to be creative in seeking diversion means outside of the facility. In-service allowing for brainstorming from all staff could expand the creativity, thereby exploring methods of treating depression.

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A MULTI-DIMENSIONAL APPROACH FOR THE PREPARATION OF SOCIAL WORK PRACTITIONERS FOR WORKING WITH THE RURAL ELDERLY

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INTRODUCTION

The purpose of the paper is to describe a multi-dimensional approach to the preparation of undergraduate social workers for work with the rural elderly. This approach provides students with a variety of experiences aimed at enhancing their knowledge and understanding of gerontological content as it relates to rural settings. Students also have the opportunity to explore their own values and attitudes toward the aging as a result of these unique experiences. This three-faceted approach provides ample opportunity for the integration of course content with actual life experiences.

This paper will give a brief overview of the rural elderly and some of their unique characteristics when compared with their urban counterparts. A review of the literature as it relates to this particular educational approach will be included along with a discussion of the multi-dimensional approach, using anecdotal material from participants for purposes of illustration.

THE RURAL ELDERLY

Between 1940 and 1960 it is estimated that 15 million people left the farm and moved to urban areas. This constituted almost one-half of the pre-1940 farm population. This migration left many behind who were sixty-five years old or older. They were left to live out their existence "in communities which have often deteriorated or shattered under the force of rapid social change" ("Special Problems", 1973, p.3). Today, approximately 10 million of the 22 million people over age 65 live in rural, non-metropolitan areas (Kim, 1981).

When compared with their urban counterparts the rural elderly have some unique characteristics that set them apart. They have a disproportionate share of poverty. Forty-four percent of the elderly poor live in rural areas. In 1977, 61% had incomes of less than $2,000 per year; 5.5% had no social security; and 3% had no income (Kim, 1982, p. 5). They have been found to have "poorer physical and mental health, more chronic disease,. . . poorer diets, and homes that are deteriorated and unsanitary" when compared with elderly living in urban areas (Weber, 1976, p. 111).

The rural community is difficult to characterize, yet possesses a uniqueness requiring one's attention. Youmans (1982) feels that "rurality" suggests a continuum. One end is characterized by a

gemeinschaft or folk society while the other end of the continuum is found an orientation characteristic of contemporary urban areas. It is his view that the trend in recent decades for rural American has been one moving from the folk to the urban end of the continuum. This creates a number of problems for today's rural elderly in that their socialization was into a folk-oriented society that has changed "leaving no satisfactory social organization to replace it" (p. 218).

Weber (1976) states that each rural area has its own unique character and that one should be careful in how one defines "rural" reflecting a recognition of the rural self-reliance, and privacy. The rural elderly prefer face-to-face interaction and informal relationships. Conklin (1980) found the general stability of the rural community allows the development of informal helping networks. These networks often revolve around a particular individual who has been identified by the community as being dependable in times of crisis. She refers to these individuals as "community care-givers."

There is a myth regarding the rural lifestyle that needs to be addressed. It relates to the idea alluded to above, that the rural community meets the needs of its elderly members. Urban migration has significantly weakened the family support system in that younger family members have moved to the city leaving their elderly family members alone and often isolated. This is particularly true of racial and ethnic minority groups (Maldonado, 1975; Weber, 1976). Transportation inadequacies often exacerbate these problems ("Special Problems", 1973). Compounding this is a shortage of both services and professional caregivers in rural America ("Special Problems", 1973; Kim, 1981; Weber, 1976). According to Twente (1970), many of the urban educated social workers are inadequately prepared to help older people living in rural areas.

A major challenge facing social work then, is to "adequately prepare" professionals for effective practice with the rural elderly. This includes learning to develop a nonmetropolitan service delivery pattern that makes use of the natural helping networks (Johnson, 1982) as well as developing an awareness of the importance of various social rituals peculiar to a rural area, i.e., "retirement to the porch", (Lozier and Althause, 1975). This task, however, will not be easy. Society's generally negative attitude toward the aged combined with "the limited number of studies of older persons living in rural environments" (Youmans, 1980), places before professional social work a challenge as well as a cause for concern.

LITERATURE REVIEW

Extra-Classroom Contact

Patterson (1981) documents the prevalence of age bias and negative stereotyping in American society. In a study examining attitudes of students in social work, law, and medicine she found: 1) the subjects showed a significant lack of knowledge of basic facts about older people; 2) the subjects rank ordered problems similarly, but different

from that ordered by the elderly; 3) not one of the graduate students registered a first choice preference for working with the elderly.

One approach to closing this "generation gap" between practitioner and elderly client is education. This advent is fairly recent in origin as the study of gerontology has seen its most significant advances only in the last fifteen years (Peterson and Bolton, 1980). The educational process itself has a major impact on attitudes toward the aged. Thorson, Whatley, and Hancock (1979) found that the better educated have significantly more positive attitudes toward elderly people than those with limited formal education. This being the case, a more focused educational approach should have a major impact on student's attitudes toward the elderly. To a major degree, the literature supports this position.

A key factor influencing attitudes toward different groups is contact with them. Although he does not address cross-generational contact, Amir's (1969) study of ethnic relations can prove instructive in this area. He identified a number of principles, five of which have particular application to this paper: (a) The literature supports the view that contact between members of different groups tends to produce changes in attitudes between groups; (b) The direction of change depends largely on conditions under which contact has taken place, i.e., favorable conditions reduce prejudice, unfavorable may increase tension; (c) In many cases where an attitude change is produced, change is related to a specific area or aspect of the attitude, but does not generate to other aspects; (d) Favorable conditions which tend to reduce prejudice include equal status contacts; when an authority and/or social climate favor and promote the contact; when the contact is of an intimate rather than casual nature; when the intergroup contact is pleasant or rewarding; and when members of both groups are engaged in a functionally important activity or developing group goal; (e) Conditions which tend to produce or strengthen prejudice include the development of competition between groups; when contact is unpleasant or involuntary and tension laden; and when members are in a state of frustration.

Rosencrantz and McNevin (1969) studied the relationship between attitudes toward the elderly and contact with them. Respondents who had had meaningful contact with at least one older person exhibited more favorable attitudes toward the elderly. However, the quality of contact influenced the respondent's judgment. Those who's contact with elders took place in a hospital setting resulted in poorer attitudes toward them. These findings parallel those of Amir's cited above.

Personal contact within an educational context which seeks to promote the development of positive, healthy attitudes is seen as a laudable objective in preparing people for working with groups who are "different" due to age, race, or ethnicity. There are a number of references in the literature of various professional groups using personal contact as part of the educational experience to prepare practitioners for work with the elderly. More often than not, these contacts resulted in a positive attitude change in the individual toward the elderly.

Linn and Carmichael (1974) describe a program used by a medical school and a graduate school of social work. Those students who were involved in community-based contact following the patient's discharge from a nursing home were found to have significantly better attitudes toward the aging than a similar control group.

Gordon and Hallauer (1976) examined the impact a "friendly visiting" program with the elderly had on college students. Two classes were involved, a child development class and an adult development class. Each of those classes had one group involved in friendly visiting and one not involved. Their results prove interesting and instructive. While a course on adult development did significantly alter student attitudes ". . . friendly visiting in addition to the course had an even greater effect. Friendly visiting alone, however, did not substantially improve the student's attitudes" (p. 374). They go on to recommend that such experiences be made available to undergraduate students in human development because of ". . . the generally positive effect . . . on both the residents and students" (p. 375).

Taylor (1977) and Patterson (1981) describe an experiential component as a meaningful part of "naturalistic research." Taylor feels, "The main value of naturalistic research is not that it suggests hypotheses, but that it provides insight and understanding about real happenings in the complex world of real life" (p. 121). Patterson's article focused on medical students and graduate social work students. The medical students had just completed their first year and were involved in conducting a social and health survey of elderly residents in selected housing sites. As a result, these medical students: a) developed a more complete picture of older people; b) developed interviewing skills; c) became aware of community problems heretofore unnoticed; d) became aware of how little physicians have done to educate the public on health and illness; and e) were motivated to do more reading on major diseases of the elderly.

The graduate social work students were required to develop a relationship with an elderly individual in the community over the course of the semester. They were given specific written assignments to complete in connection with this experience. As an adjunct to the classroom this activity was judged a success because it provided ". . . the opportunity to bring human encounter into the learning process" (p. 17).

The naturalistic research approach described by the above authors has particular application in rural America. Not only does the student learn about the aged and their coping patterns, but he/she learns how the rural environment, with its many and diverse features, impacts on the aging individuals.

The University of Denver Institute on Gerontology ("Ending Isolation", 1982) uses a multidisciplinary and interdisciplinary approach in preparing students for work with the elderly. Their educational approach includes a "service component" which requires students to have contact with older persons in the community. Through a program of weekly visits and journal keeping students gained insights

into the aging process while providing the elderly an opportunity to overcome feelings of isolation and depression. Beattie (1974) also supports the idea of a multidisciplinary, interdisciplinary convergence.

The importance of involvement is reflected in a study by Porter and O'Conner (1978). They state that ". . . active rather than passive involvement in the learning process is the most effective method in helping students integrate the material presented" (p. 139). This involvement allows students the opportunity to realistically evaluate the aging process and to deal with any negative sterotypes they might possess.

The Intergenerational Classroom

A second educational approach involving contact between senior adults and students discussed in the literature is the intergenerational classroom. This particular approach differs significantly from the experiential activities discussed above. It is also an activity that is not widely reported in the literature.

The most complete study found on the intergenerational classroom was one by Jensen-Osinski, Beidler, Kay, and Aronson (1981). The purpose of their study was to determine the impact the presence of older students in the classroom would have on freshmen in English composition. Among the study's implications were: (a) An educational experience providing older adults the opportunity to study for credit can change the attitudes of younger students toward their own aging and the intergenerational classroom; (b) The intergenerational classroom can produce a higher level of activity and stimulate productive discussion; (c) There was no support for the idea that older students take away learning opportunities from the younger students. "The exchange between generations does more than help older and younger students understand each other; it provides a stimulating atmosphere for learning, in which the benefits accrue not only to the older but to the younger students as well" (p. 93).

The elderly have important contributions to make on campus and in the classroom. They can be viewed as colleagues and contributing to academic programs as mentors, tutors and educators in their own right (Beattie, 1974).

One exception to the generally positive result of the intergenerational classroom was found. Auerbach and Levenson's (1977) study of undergraduate student attitudes in an intergenerational classroom setting found that at the end of the semester course, the undergraduate's attitudes toward their older classmates were significantly more negative than found in a pre-test. They attribute that finding to feelings of competition between the generations. Student comments reflected that attitude when in their comments they said that the older students were taking only one or two courses, therefore, they could spend more time studying. They also saw the time spent by their older classmates with the professor after class as "apple polishing." Given this view, the

student's development of negative attitudes is consistent with findings by Amir regarding the impact of competition on attitude development.

THE MULTI-DIMENSIONAL APPROACH

The multi-dimensional approach described in this paper evolved over a period of five years. The course involved was "Social Work Practice with the Aging", an elective open to junior and senior level students. This approach to preparing students for work with the elderly is consistent with the principles of social work practice with the aged described by Monk (1981).

The teaching method involved three distinct dimensions. Two of these have been discussed in the literature, the extra-class experiential component, and the intergenerational classroom. The third dimension, the field trip, has received no mention in the literature.

This tri-dimensional approach sought to give students an opportunity to not only learn specific information, but also to integrate this knowledge into a practice framework making it more meaningful to them. Support for this approach with these objectives is found in an article by Swaine and Baird (1977) and a book by Rothman and Jones (1971). Practical experiences such as these are especially useful in that they provide students with an opportunity to "integrate and individualize their theoretical conceptualizations and skills appropriate to the rural culture" (Weber, 1971, p. 112).

The Volunteer Experience

The extra-classroom experiential component was addressed by requiring a minimum of 24 clock hours of volunteer work with an older individual or couple in the community. The instructor helped to match students and senior adults when necessary.

This volunteer experience allowed the students to develop relationship and assessment skills. Progress of these skills was monitored through periodic sharing during class time and through the keeping of a log.

There were specific assignments associated with the logs. Students were expected to demonstrate an integration of knowledge gained in the classroom with their volunteer experiences and observations. They also completed a social network analysis of their volunteer subject based on the writing of Collins and Pancoast (1976). This network analysis exercise was helpful in providing the student with insights into the support systems elderly people in rural areas developed. Also, they learned to identify some of the service barriers the elderly might encounter which are seen as unique to their rural status: "limited service programs tailored to their specific needs; inadequate financial resources to purchase services and the shortage of specialists with... training in gerontology...." (Hageback and Hageback, 1982).

This feature has always been favorably received by students, despite some initial difficulty experienced by some in getting the volunteer activity underway. They learned a great deal about the elderly and about themselves.

One student worked with a lonely widower who tried to manipulate her through the use of guilt. She reported that by the end of the semester she had learned how to handle this situation appropriately. She said, "I think that perhaps being able to help a lonely old man just a little bit more in life was a good experience for me and I was glad that I could."

Another student said she entered the volunteer experience "in search of a grandmother." When she learned that Mrs. H was not "the helpless old woman" she thought she would be, she had to redirect her expectations. She ended by saying, "I learned a great deal about myself and felt I grew as a potential professional."

Some comments regarding the logs and associated assignments included these: "By writing in the log, it made me more aware of things that I needed to work on." Another said, "I felt the volunteer logs were difficult to integrate with class material." A third student put it this way:

> By writing the volunteer work logs, we were forced to think about what we were learning in class and how it compared to our actual experiences. At times, this information became useful in our actual dealing with our volunteer work and how to react to the situations with which we were faced and how to understand them.

The Intergenerational Classroom

An invitation was extended to residents of a local retirement village to attend class on a voluntary basis for the purpose of helping students learn about the aging process. Three woman responded and agreed to attend class on its regularly scheduled basis, twice weekly. One was 70 years old while the other two were 81 years old. They were atypical aged in that one was a registered nurse, one had a M.Ed. degree and one a B.A. degree. Their reasons for involvement varied. One said she wanted "to help students understand the aging process so they can better prepare themselves to live in their retirement years. I wanted to learn, what information, and theory on aging, that was given in college." Another stated, "I enjoyed young people and this was an opportunity to be with them at work." The third commented, "I wanted to know more about the social work that is being done for and with the aging."

Of the three participants, two were from a rural background. The third was born in Huntington, West Virginia, and moved to the Northern Virginia-Washington, D.C., area at age nineteen. This diversity provided the students with an opportunity to contrast rural life styles, values, and experiences with those of an individual from a more

metropolitan background. Also, it provided a contrast with their own urban influenced values and attitudes.

The classroom format was informal using a variety of teaching approaches: audiovisuals, lecture-discussion, and student reports. The elders were encouraged to share as they saw fit.

Student responses to the intergenerational class speak for themselves:

> The elderly participants made the class more enjoyable... with their presence students were able to relate on a personal level what was being taught through the text and lectures.
>
> Because the women were in class with us, we were more eager to learn and to question. Just hearing all of their stories and experiences was valuable since it was coming first hand.
>
> Having older people in the classroom added a different perspective--much broader--to everything we discussed. The class was much more enjoyable, and exchange of thought, ideas and information, rather than your typical lecture and note-taking class. . . They personalized the "textbook" information and made it all seem real and alive, rather than a fact which we may at sometime encounter.

As can be seen, the presence of elderly people in the classroom can make a difference. This experience could have been enhanced had a more diverse and representative group of senior adults been involved. However, it is felt that even though atypical, the group's presence greatly enhanced the learning that took place during the give and take of class discussion.

The Field Trip

Beattie (1974) states that students need ". . . to have, in addition to the class-laboratory cognitive learning of the campus, affective learning with older persons in a variety of community settings. . . The goal is to learn from and relate to both well and impaired elderly" (p. 548). This was one objective of the field trip. A second was to expose students to services and agencies not generally available in the rural setting of the University.

The field trip was a two day visit to Washington, D.C. A total of four settings were visited. Those selected were a large urban nursing home with a hospice unit, a legal services for the elderly, a geriatric day car center, and the United States House of Representatives Select Committee on Aging.

The student responses toward the field trip were overwhelmingly positive. It not only provided a great educational experience, but

had a positive impact on the interpersonal relationships among class members. Following are some of their comments: "It was interesting to see that so many people were concerned about the elderly in so many different ways." "Our field trip allowed us to experience, first hand, some of the things that we talked about and learned in class." "I thought that the field trip was a great learning experience. It was beneficial to be exposed to a few of the different fields that we as social workers could possibly go into." "The field trip was a good experience. I felt closer to the people in class which made it more fun to be in class. I also saw successful things being done for the elderly."

SUMMARY

To prepare practitioners for work with the rural elderly requires special attention. Not only does one need to develop a knowledge base of the aging process, one must come to grips with his/her own ideas, attitudes, and sterotypes of the elderly. In addition, the rural environment presents challenges that are unique unto itself. The challenge is to adapt one's education and training to work effectively among a proud, independent, people who prefer informal helping networks to agencies and "professionals."

It is felt that the multi-dimensional approach described in this paper will provide the structure for the preparation of an effective generalist practitioner, one "who knows about people and environments" (Irey, 1980, p. 39); one who can assess and intervene appropriately in the lives of some of our most valuable citizens.

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Section III. Programs for Abusing and Neglecting Families in Rural Areas

Child abuse, wherever it occurs, is a tragic circumstance that effects the lives of family members, agency personnel and community residents. Certainly, child abuse programs must continue to be provided to those in need during these days of economic uncertainty and budget deficits. This section of the reader presents three attempts to provide such services with minimal costs involved. Mary Beth Stage and Ernest A. Gullerud describe and evaluate the effectiveness of a program designed to increase the home management and child care skills of abusing and neglecting mothers. Featured in this approach are a collaborative effort between a state child protective services agency and a Cooperative Extension service in an isolated rural setting. Judith H. Halseth and Nancy J. Brown Hein present a case study of a group approach to dealing with the consequences of incest involving female adolescents. They suggest such an approach has supportive, educational and therapeutic value to rural practitioners. Jeffrey Jens reports on the difficulties and positive outcomes experienced in conducting a therapy group for incestous fathers. This case study further emphasizes the importance of the community context for developing and maintaining such programs.

RESPONDING TO ECONOMIC UNCERTAINTY: ADAPTING GENERAL EDUCATION PROGRAMS FOR ABUSING PARENTS IN RURAL AREAS

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INTRODUCTION

The purpose of this paper is to describe and evaluate the effectiveness of an approach designed to increase the home management and child care skills of abusing and neglecting mothers. The approach, based on social learning theory, features collaboration between a state child protective services agency and the Cooperative Extension service in an isolated rural setting. The model uses both didactic lessons and group process to facilitate acquisition of skills and to reinforce their application in the home situation.

THEORETICAL FOUNDATIONS OF THE GROUP APPROACH

Child abuse/neglect is difficult to define. There is not universal agreement upon the definition for child abuse/neglect (Starr, 1979). Abusive and neglecting parents are frequently perceived as either mentally ill or persons whose behavior significantly deviates from community standards. However, Justice states "they represent a random cross section of the general population. The number who are diagnosed as psychopaths is only about 5 percent" (Justice, 1976, p. 47).

Social isolation is a fundamental problem for abusing families, therefore it is as a primary area of concern in treatment (Justice, 1976, p. 115). Starr (1979) cites the importance of isolation as a contributing factor. Kempe (1972) says that inquiry into the family patterns of isolation is necessary in determining the potential for abuse. It is the "wall of isolation which could keep a family from turning to others for help" (p. 70).

Another consideration in working with abusive and neglecting families is how the family is viewed by the community. Becker (1963) states "social groups create deviance by making the rules whose infraction constitutes deviance, and by applying those rules to particular people and labeling them as outsiders" (p. 9). His own formulation views deviance as "the product of a transaction that takes place between some social group and one who is viewed by that group as a rule-breaker" (p. 10)..."Whether an act is deviant, then, depends on how other people react to it" (p. 11).

Learning theories further support the importance placed upon the social group in maintaining maladaptive behaviors such as abuse/neglect. "Maladaptive behavior has two identifiying characteristics. First, it is considered inappropriate by those individuals in a particular person's life who control the reinforcers or reinforcing events for that person. Second, maladaptive behavior tends in general to lead to a reduction or decrease in the amount of positive reinforcement given to the individual who engaged in that behavior" (Price, 1972, p. 88).

Traditional modes of practice often view the abusing/neglecting parent as "deviant" with internalized conditions which must be changed. This view of practice, sometimes called the "medical model" regards the problematic behavior as symptomatic of an underlying problem requiring specialized treatment. A basic premise is that unless the basic pathology is treated, the symptomatic behavior will persist (Taber, Quay, Mark & Nealey, 1969).

In contrast, the social learning approach assumes that maladaptive behavior is learned and persists because of the social reinforcements that individuals experience. It asserts that the provision of appropriate educational experiences coupled with positive reinforcement will result in meaningful change.

The approach used in this project was derived from social learning theory. It features the use of educational methods used by the Cooperative Extension Service. Application of group process principles provides positive reinforcement of the learning as well as its application into the home and community.

THE "TRAVELING BUNCH" GROUP EXPERIENCE

The group, "The Traveling Bunch", described in this paper was developed to provide resources for the needs of protective service clients in a rural, midwestern county with limited social resources. Most clients referred for child protective services were grouped into the following categories: (1) families who were referred on the basis of their differentness or deviance from the community norms, and (2) families who overtly demonstrated characteristics of abuse and neglect.

The "Traveling Bunch" originally consisted of fifteen socially isolated mothers from a rural, midwestern county. The women's ages ranged from twenty to fifty years of age. Their educational level extended from the higher level of the educable mentally handicapped to junior college levels. Family sizes varied from one to three children. Several of the mothers headed single parent households. Each family represented in the group had an open case with the child protective agency in the county. The referral problems included: (1) Lack of adequate food/clothing/shelter, (2) Lack of medical care, (3) Failure to meet minimal educational standards, (4) Lack of supervision leading to abuse, accident, and death, (5) Inappropriate substitute care leading to sexual abuse, (6) Excessive corporal punishment, (7) Inappropriate

discipline, (8) Sexual abuse, (8) Mental illness of a parent leading to neglect, (10) Dependency of a parent.

An important consideration in developing a service program for persons labeled as deviants is to minimize the possibility of "self-fulfilling prophecy" by the community. If clients identify with the label of deviancy imposed upon them by the community, their maladaptive behavior is reinforced and becomes more entrenched. This possibility was minimized in this project by using a service available to any resident in the community rather than one only provided for "child abusers."

This was possible by adapting a program offered by the Cooperative Extension Service. Generally, the Extension Service provides educational activities upon request from already established organizations. However, it can also facilitate the development of special interest groups by applying the "satellite group" concept. A "satellite group" is a special group which is organized for people identified as having special needs and interests. The group is sponsored by the Home Extension Association or its members. The Extension staff meets with satellite group members to discuss their interests, plan a series of meetings, and assist them in developing an organization structure. The staff continues to provide assistance until the group adopts its own structure and begins to develop its own meeting plans. Once this occurs, the group operates independently like any other unit.

Meetings are scheduled regularly on a monthly or bi-monthly schedule. Each features a discussion of regular business, lessons, refreshments, and informal interaction. Lessons are focused around skills designed to allow parents to progress into normalizing experiences within the community. Areas of skill development include parenting, personal development, household management, and community citizenship. Initial lessons were developed in response to referral problems. Topics presented in the meetings of the "Traveling Bunch" were as follows: (1) Preparation of Nutritious Foods, (2) Money Management, (3) Disciplining Children, (4) Personal Appearance (clothing, personal hygiene), (5) Health Care (first aid, immunizations, alcohol/drug abuse), (6) Crafts (basic sewing skills).

Group members select a group name, elect officers, participate in planning, attend meetings, and conduct the meetings.

Extension advisors present the lessons calling upon their expertise to respond to group needs. They structure and conduct initial meetings. They work with the sponsoring organization to provide refreshments and child care.

Protective service caseworkers provide the group members transportation to group activities, and assist in child care coordination. It is important that caseworkers do in-service training for extension workers and volunteer providing orientation of the knowledge and tasks to be acquired as well as the client's current level of functioning.

Group goals are to increase the knowledge and skills necessary in dealing with family interaction, problems of living and community integration rather than the restructuring of personality. Increased social interaction is desirable and development of such skills is available when group activities are well facilitated. A major part of each meeting is a group discussion which follows lesson presentation and continues into the refreshment time. Parents learn pro-social behaviors, how to navigate within community networks, and develop personal resources. Through these activities, parents gain access to skills which lead to improved levels of competency and higher self-esteem.

The critical component in the successful adaption of existing educational groups to the special needs of abusing and neglecting families is the application of principles of group process. Preparation work involving home extension staff, caseworkers, and clients is necessary to shape group expectations prior to group participation. It is important that caseworkers do in-service training for extension workers and volunteers providing orientation of the knowledge and tasks to be acquired, as well as, the clients' current level of functioning. Group goals and delivery of service including didactic materials, group interaction and modeling which need to be discussed with emphasis given to modes of interaction.

Specific clients and their problems are not singled out. Parents are treated as mature adults wanting to learn more about themselves and their families. The group is an opportunity for parents to see themselves more objectively, to modify behavior, and to learn problem solving technqiues.

The caseworker facilitates group interaction especially during initial meetings. Facilitation includes preparatory screening. Clients are prepared to anticipate and accept other participants who may function on different intellectual levels. Caseworkers participate in planning sessions to keep lessons focused on the necessary knowledge. They use the areas of skill building to plan follow-up activities while coordinating services with the protective services homemaker. Careful attention must be given to the level at which lesson materials are presented. This is particularly true when the participants have experienced failure in their past academic pursuits. If the level is too low, members perceive the instructors as condescending. If it is too high, it reinforces the sense of failure and inadequacy.

FOLLOW-UP ASSESSMENT

Four sources of data were used: (1) Follow-up interviews with the group participants, (2) Interviews with the Cooperative Extension Staff, (3) Interviews with protective service caseworkers, (4) Data from agency records.

Interviews were conducted in the home of each mother. Instructions were that the Child Protective Service (CPS) worker was writing a story about the "Traveling Bunch" and wanted to know about the members experiences so that she could include them in the story. They were instructed to be open and honest in their comments. Negative opinions would not affect their status with the agency.

Ten of the original parents were interviewed. Of the remaining five, three had moved, one could not be located, and one couldn't be approcahed for other reasons.

FINDINGS

The impact of the model on clients will be presented from data obtained from each source.

Client Interviews

The client satisfaction survey yielded a unanimously positive response regarding group content, presentation, desire to continue participation, and desire to learn more. Table 1 records the specific reasons.

Table 1. Responses to Group Participation Questions

	Yes	No
1. Do you look forward to meeting with the group?	9	1
2. Do you like the meetings of the group?	10	0
3. Would you rather learn about other things?	7	3
4. If there are other things you would rather learn, have you tried to get lessons on them?	7	3
5. Do you enjoy being with the people at the meetings?	9	1
6. Do you do anything socially with group members?	3	7
7. If you were to change the way the group runs, what would you change? *		

* Responses ranged from "nothing" to "extend the lessons to last longer" and "invite our husbands " There were no negative responses.

Responses regarding their assessment of the content of the meetings revealed the following: (1) Most respondents could recall the content of the lesson even though the actual presentation ranged from 12-18 months prior to the interview, (2) They were able to handle problematic situations in a more productive fashion (e.g, discipline, shopping, food preparation, etc.), (3) Members desire to expand the range of topics to be discussed in future sessions, (4) Greater involvement in the community, (4) Planning and conducting lesson plans on their own, (5) Increase in self-confidence as a consequence of mastery of a range of new skills.

A summary of client responses to a lesson on the use of dry non-fat milk indicates the value of the lesson. (It is significant to note that the lesson had been given 18 months prior to the evaulation interview.)

"I learned to use dry milk in gravy."

"I learned how make it to drink so I could save money."

"I used the recipes for bread mixes using dry milk."

"I found out I could save money using dry milk."

The Cooperative Extension Staff

The Cooperative Extension Advisors viewed the "Traveling Bunch" as a valuable group. Its purpose was education reaching a new audience. Support of the group has been consistent even with a change in staff. They noted change in the independence of group members and officers. They observed change in the children and their ability to express themselves. They noted the investment of the members and their families in the group as expressed in presentation of program materials and invitation of their friends to join the group.

Protective Service Staff

Protective service personnel assessed the group as being a positive experience in spite of the additional burden of scheduling, transporting, planning, child care problems, and time investments. Benefits were viewed as follows: (1) Reduced isolation associated with improved self expression of group members, (2) Services provided without mental illness labels or specialized treatment modes, (3) Opportunities for learning new skills/knowledge, (4) Opportunities for mothers to have personal freedom from children/spouse/responsibilities while acquiring beneficial information, (5) Providing the means for client use of normalizing community resources, (6) Using the group as part of a court-ordered plan, (7) Cost effective group meetings with fifteen clients at once, (8) Availability of qualified specialists in the area of child development, and home management at no additional cost to the agency, (9) Opportunity to observe client functioning with peers, (10) The offer of a way for other community professionals to serve this target population.

Agency Records

Agency records indicated that four cases were closed due to improved functioning of the parents. For the remaining group members, there were no new indicated reports of abuse/neglect.

CONCLUSIONS AND IMPLICATIONS

The goals of the group were reduction of isolation, acquisition of skills and knowledge and reintegration of clients into community channels. It was hoped that repetition of the referral problems could decrease as group involvement increased and learning took place. It appears that in the long term most of these goals have been met.

In the short term, participants and staff have expressed positive feelings about the group. They are invested in the continued group experience. Group members demonstrate their newly acquired skills.

The effectiveness of the approach used for the "Traveling Bunch" is a function of how the group is structured. Cooperative Extension staff have a wealth of materials around home management and child care problems. They are experienced in making presentations to people of different levels of academic competence in varying geographical locations. They are particularly adapted to serving rural areas. After the CPS worker has identified educational needs of the clients during their intake process, specific topics for presentation can be identified. Participation of clients can be accomplished by encouraging them to select the most interesting and/or useful topics around which a series of meetings can be planned. Through the means of group process, the group leader can gradually phase out his/her leadership role as the group members gain skills in planning and conducting meetings. Involvement of CPS staff is essential so that the basic Extension approach can be modified to meet the special needs of abusive parents based on the knowledge of their personal and social problems.

In spite of the overwhelmingly positive results of this study, there is a need for replication of the study for more thorough assessment and refinement.

It should be noted that this group is an addition to casework intervention and is not intended to replace effective casework. The strength in the model lies with the focus in increased skills and knowledge provided in a non-labeling mode. The focus is on the changed response, "How to problem solve." The group provides information as to appropriate behavior, options in dealing with problems and a support system for change.

Positive results from multiple indicators support the use of educational experiences to reduce social isolation and improve the knowledge and skill level of protective service clients. Given the favorable results of the study it would be possible with some degree of confidence to develop a model of service calling upon the routine use of such services.

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GROUP WORK WITH TEENAGE VICTIMS OF INCEST

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As the incidence of sexual abuse in the United States is recognized more frequently, more methods are being developed to cope with the long and short-term consequences of such abuse in a variety of contexts. Brant and Tisza (1977) note that "sensitization of professionals to the problem of child abuse, a social climate that allows for freer communication about sexuality, and the recent focus on the sexually assaulted female have contributed to increasing public and professional awareness of this group of vulnerable children." Hospitals are developing procedures for identifying and responding appropriately to sexual abuse (Brant & Tisza, 1977; Shamroy, 1980; Tilelli, Turek & Jaffe, 1980). Communities are organizing inter-agency networks to help the victim and his or her family in a more sensitive and comprehensive manner (Anderson & Shafer, 1979).

"Incest is almost always a devastating experience for the victim" (Forward & Buck, 1978, p. 19). People are being encouraged to come forth and share their stories about sexual abuse within the family, either to stop current episodes of incest or to deal with the impact that sexual abuse has had in their lives. Since incest is only one symptom of a family with dysfunctional relationships (Anderson & Shafer, 1979; Bronw, 1979), preferred interventions require work with all family members. However, the victim often must cope with incest by himself or herself if s(he) reveals the sexual abuse and is disbelieved or rejected by his or her family, or if s(he) does not disclose the secret and carries the burden into adulthood alone.

Females are reported to be victims of incest far more frequently than males, and one estimate showed that one out of every ten women has been a victim of sexual molestation within the family by the time she is eighteen. Studies have shown high percentages of prostitutes, rapists, drug and alcohol abusers, and many runaways have been sexually abused as children (Forward & Buck, 1978). Child problems concurrent with sexual abuse can include poor self-esteem, poor peer relationships, aggressive and acting-out behaviors, academic difficulties, enuresis, hyperactivity, sleep disturbances, excessive fears, depression and somatic complaints having no physiological basis (Brant & Tisza, 1977; Brown, 1979). Clearly, a vareity of treatment interventions are needed to minimize or avoid the many immediate and long-term consequences of incest.

RATIONALE FOR GROUP WORK

Group work can be a valuable method of dealing with the consequences suffered by incest victims. Anderson and Shafer (1979) state that such a group "offers meaningful support not available in any other mode of therapy." Through a support group in a rural area a teenage victim of incest can decrease isolation and begin to realize s(he) is not the "only one" to whom this has happened. The group provides an opportunity to vent feelings, tell the story, and talk about the problems which cannot be shared with friends. The victim meets other teens in similar situations who look and act "normal" and thus is reassured that s(he) too looks, acts, and is, indeed normal. A group participant may begin to challenge some of the more irrational aspects of guilt when one hears others talk about their guilty feelings.

In educational activities and brainstorming about issues such as the characteristics of a father or stepfather who might become sexually involved with his daughter, the teenager begins to better understand the dynamics of incest and the behaviors of the father. As s(he) hears other participants share observations and experiences that have some similarity to their own situation, the incest victims start to take a more objective and realistic look at some of the "crazy things" that have happened in life, and starts to resolve the nagging question "why me?"

GROUP PARTICIPANTS

At Van Buren County Community Mental Health, Paw Paw, Michigan, a ten week group for teen victims of incest was offered. The group consisted of nine teenage women from this rural county who were being seen in individual therapy to deal with the effects of incestuous experiences. Their ages ranged from 13 to 17; all were attending public school, and all except one were currently living in foster homes. Eight of the group participants were white and one was Mexican-American. In almost every case, the girl has been abused by a stepfather, rather than by her biological father. Five of the young women had significant emotional problems which were the focus of individual therapy. During the ten week group the young women continued to participate in individual therapy, which proved necessary in most cases due to ongoing crises in the young women's lives.

Most of the group participants' families lived in rural areas, were of low socio-economic status, and could be considered multi-problem families. In a recent study on the rural abused child, about 90% of the cases investigated by a multidisciplinary team in a rural Virginia county involved low income families affected by the social and environmental factors of "poverty, deprivation, ignorance, apathy, social isolation, and inaccessibility to supportive health care systems" (Leistyna, 1980, p. 93). The Virginia study also notes that social workers making home visits often found a "desolate, non-nurturing,

often violent lifestyle" (p. 93). Parents of the group in Michigan also displayed limited parenting abilities, and some parents themselves had been victims of child abuse and incest. Some of the young women's parents were also clients at the Mental Health Clinic, usually referred and often pressured to attend by the court or Protective Services.

While each teen's situation was unique, a common theme for the incest victims was not being believed by their families when they disclosed the incest. One of the young women, who was not believed by family and relatives, had been cut off from all contact with siblings and other family members. Her stress was compounded by facing the dilemma of whether or not to testify in court against her father, since sticking to her story in court would mean continuing rejection by her family. In the case of another group member who was adjusting well, there had been witnesses to the violent sexual abuse. Therefore, there was no question of her truthfulness. Her father had been incarcerated, she was placed in a very good foster home, and she was able to maintain contact with her siblings. In other cases, the teenagers were in a difficult situation, since moving from foster care back to their own home meant living with the father who had sexually molested them and with the mother who had not protected or believed them.

GROUP PROCEDURES, MATERIALS, AND PROCESS

The group met for 1 1/2 hours after school once a week at the Mental Health Clinic. Original materials and teaching tools were designed to facilitate learning, discussion, sharing and interaction. Time was allowed each week for open discussion and socializing. A major resource for background information on the dynamics of incest was Betrayal of Innocence: Incest and Its Devastation (Forward & Buck, 1978). Topics for handouts, worksheets, lecturettes, brainstorming, and discussion included the following:

1. Dealing with feelings, including guilt and anger.

2. Specifying why she finally decided to tell someone about the sexual abuse.

3. Processing why it "had to happen" to her.

4. Clarifying the family roles of father (or stepfather), mother, and victim.

5. Discussing sexuality and contraception.

Learning and talking about the dynamics of incest and the roles of family members helped a participant gain understanding of the inappropriate ways her parents were getting some of their needs met at her expense and helped each learn that she was not the cause of the incest.

A session on the touch continuum of good touch and bad touch was based on the work by Cordelia Kent. The concept of owning one's own body emphasized the right of a person to say "no" to confusing touch or exploitive (bad) touch and acknowledged the natural need each person has for nurturing (good) touch.

Worksheets containing questions or statements, with space for the participant to write in her answer or to agree or disagree with the statement, facilitated individual reflection on one's own experience of incest. Group members were encouraged to share one of the answers on their worksheet, although members always had the choice of "passing" if they did not want to share. Typical questions included the following:

1. Did anyone ever blame you for the sexual abuse? If so, who blamed you?

2. Why did you finally decide to tell about the abuse?

3. What were some of the threats (spoken or unspoken) used to keep you from telling?

4. Often, the victim needs love and affection so badly that the incest with a father or stepfather at first seems better than being ignored. For me, this was: true, sort of true, not true.

5. Many girls feel guilty for "letting" their dad be sexual with them. They forgot that they have been taught all their lives to obey dad, obey grown-ups, and trust them to make the right decisions. Did this idea make you feel guilty? (yes, no)

6. Was it hard to figure out where to go for help when your own home wasn't safe? (yes, no)

7. Did the incest cause problems in your family, or were there already big problems in the family that allowed the incest to get started?

Another handout developed for the group, "A Conversation with Myself," contained a dialogue between two parts of the self, "I," and "Me." Two volunteers read the dialogue aloud and a group discussion followed. The conversation depicts the double-bind in which the incest victim often finds herself when she is caught between the need to speak out to stop the sexual abuse, and the fear of negative consequences. Excerpts from "A Conversation with Myself" follow:

I: Yea! Dad's paying special attention to me!

Me: But something's funny. Why doesn't he want me to tell?

I: But he's my dad. It must be OK or he wouldn't be doing it.

Me: But he never does it when mom's around, so there must be something wrong with it.

I: And I need mom's love. But I need his love too, and at least he's here.

Me: I can tell by the way he's acting--this feels sneaky. It must be wrong, and we should probably stop it.

The dialogue continues through self-blame and wanting to say "no".

I: I don't care anymore! I can't stand it. I'm telling.

Me: But who can I tell? My parents, who I'm supposed to go to for help are the people that are hurting me! If I can't trust them, who can I trust? What can I do?

One session on sexuality and contraceptive education assisted the teens in making responsible choices about their sexuality, including their right to say "no" to unwanted sexual advances and their right to protection against an unplanned pregnancy. Some of the participants were already familiar with the information. For others, much of the discussion of conception, pregnancy, and birth control was new. Some foster parents had negative reactions to the Planned Parenthood handouts and to the inclusion of sexuality issues, so awareness of community norms is recommended.

Toward the end of the ten weeks, a session dealt with making future choices and combating self-defeating behaviors. The group discussed characteristics to look for when choosing a boyfriend or husband and how to spot "winners and losers." They brainstormed a list of positive and negative characteristics of a potential boyfriend or husband, and the leaders emphasized the value of choosing a person who already behaves in a desirable way, instead of choosing a partner with potentially troublesome characteristics, such as drug or alcohol abuse, violence, immaturity, jealousy, or possessiveness. Perhaps such a session focusing on future choices in mates will help to end part of the cycle from which sexual abuse stems.

Other preventive work was done by talking with the group about possible self-destructive patterns which could develop. Members agreed that guilt was the most difficult feeling with which to cope. The group discussed how guilt often leads to a poor self-image, which in turn can lead to self-punishing behaviors. The many ways in which self-punishment manifests itself were listed, reviewed, and discussed, including drug or alcohol abuse, sexual abstinence or promiscuity, or poor relationships with males or females. While group members did not focus on current self-destructive patterns, they were helped to see such patterns as a future possibility. Each teen was encouraged to be alert in identifying such patterns, and to seek out counseling if and when she realized her life was going in a negative direction.

OUTCOME

The group provided support, decreased isolation, increased knowledge of the dynamics of incest, and presented the idea of choices in coping with the after-effects of sexual abuse. However, participation in the group could not change the fact that each of the young women had had a devastating sexual experience with an adult male relative. One of the frustrations as leaders of this group was the realization that many of these teens still were powerless to improve their situations. As minors, they had a limited range of alternatives, options, and choices available to them regarding living arrangments, family support systems, or agency and court interventions.

As leaders, we underestimated how difficult it would be for the group members to share their personal experiences and feelings. When preparing for such a group, open sharing might be furthered by clarifying with each teen, before she decides to join the group, the need for, and the expectation of, personal sharing to make the group therapeutically more beneficial for all. In addition, limiting the size of the group to a maximum of six participants might facilitate more intimate communication.

The therapeutic value of the group can also be enhanced by allowing sufficient time for sharing current problems in the lives of the participants. Often, a member could not participate fully in the planned topic as she was undergoing extreme stress over immediate problems in her own life relating to her parents, the courts, her foster family, or her own overwhelming emotions with which she was trying to cope.

SUMMARY

The causes and consequences of incest are many, varied and complicated. Rural community attitudes, which may include myths, sterotypes, and a wide range of values about child abuse, neglect, and incest, contribute to difficulty in establishing effective programs to assist children and parents affected by abuse (Horner & O'Neill, 1981; Sefcik & Ormsby, 1980). While the experience of each victim is unique, incest has enough common themes to make group work a valuable tool having supportive, educational, and therapeutic values. In a group setting, each young woman can share with others who have had similar experiences. She can learn how the incest might have developed and that she is not to blame. Finally, she can begin processing with others the many thoughts and feelings which are the consequences of incest, including issues of self-esteem, anger, depression, and guilt, so her life will not continue to be overshadowed by the sexual abuse she suffered as a child.

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GROUP WORK WITH INCESTUOUS FATHERS: ONE APPROACH

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INTRODUCTION

The treatment of families in which incest has occurred is an ongoing challenge to rural human services providers. In many rural areas of the country, incest is principally viewed as a criminal act and treated as such. The perpetrators often serve sentences in the County Jail or State Prison, environments in which appropriate treatment of the underlying causes of incestuous behavior is typically minimal or non-existent. Lack of treatment alternatives to incarceration insures that the perpetrators will gain little insight into their behavior. The following paper analyzes one facet of a Community Mental Health Center's attempt to provide meaningful alternatives to deal with the problems related to incest. It examines some of the difficulties and positive outcomes experienced in offering a therapy group to incestuous fathers.

CREATION OF THE GROUP AND ITS PURPOSE

Formation of the group came largely in response to the suggestion of a client who had been referred to the agency by his probation officer for individual therapy. He simply wanted to discuss incest related problems with other men. Several men on the Community Mental Health Center's caseload had been similarly referred by either Protective Service workers or probation officers for treatment of incestuous behavior. Each of these men had admitted his incestuous actions and had, to a greater or lesser extent, exhibited remorse for his behavior. Both the acknowledgment of incest and the remorse for it became the basic criteria for admission of a client into the group.

After the decision was made to initiate the group for incestuous fathers, several months were needed to iron out problems, enlist the fathers' participation, and decide in what way the group was to proceed. It was decided that the group would meet on a weekly basis (which it did from July to December, 1981). A clinical psychologist and a counseling graduate student co-led the meetings that were held at the Center's small branch office.

Initial purposes of the group were as follows:

1. To explore the dynamics and circumstances of the participants' incestuous behavior.

2. To discuss appropriate modes of family interaction and relate these to patterns of interaction within the participants' families.

3. To discuss the impulsive nature of the parcicipants' incestuous behavior and explore methods to counteract their impulsivity.

4. To relate the participants' parenting styles to those which they experienced in their families of origin.

5. To provide a supportive environment in which the group members could openly discuss their problems and concerns.

6. To create an open-ended, ongoing therapy group which would receive appropriate referrals from the Courts and Protective Services.

Several client goals were expressed during the first meetings. One man wanted to "learn how to take a bad situation and make it better." Another spoke of wanting to learn how to keep his distance from his children--to love them without attempting to control their every behavior. The congruence of these goals with several of the purposes listed above is clear.

DESCRIPTION OF PARTICIPANTS

Four men comprised the group from its inception to conclusion. Two were the natural fathers of the children with whom the incestuous relations occurred. Two were stepfathers. Though each man's situation was unique, each bore a resemblance and similarity to those of the other group members.

Al * The names of the participants have been altered.

Al originally suggested the idea of a group to his therapist. He was born into a small family in which both parents were essentially incapable of enacting basic parental roles. His father was in the Coast Guard and was frequently absent from the house. His mother was barely able to keep the household together. Eventually the parents divorced, and the father was granted custody of Al when he proved the mother to be too inadequate. Left on his own during the father's prolonged absences, Al grew into an emotionally detached adolescent who spent a great deal of time by himself. The woman he married pursued him and was the first person to openly express love for him. He recalled "feeling little" for her at the time of their marriage. As the children grew older, Al assumed more control of the family, making more decisions and taking tighter control while his wife receded further and further into the background. The wife, whose weight had doubled since the marriage's beginning, became the unsuccessful rival of her teenaged daughters. In the chaotic months prior to his arrest, Al was having sexual relations, including intercourse, with his three daughters. One daughter became angry with

his failure to buy something for her and told school authorities about the incest. The family closed ranks around Al, but he admitted the incest. He spent several months in both private and public psychiatric facilities as well as the County Jail. At one point, despondent about the effect of his actions on the family, Al slashed his wrists and almost died. Prior to entering the group he had been receiving therapy for chronic depression.

Jack

Jack was born and raised in rural Missouri. His parents were poor and had to work continuously to make a living in the Depression Years. He described both his parents as reserved; each expected the two children of the household to "be seen and not heard." Jack married early in life to a woman who resembled his parents. After thirty-three years of marriage, in which three children were raised, Jack divorced his wife to marry another woman. Throughout his first marriage, Jack exhibited impulsive behaviors, particularly in terms of drug and alcohol abuse. Nevertheless, he was a reasonably good provider and maintained responsible positions as a mechanic and industrial supervisor. There was no report of any incestuous relations involving his first family. The woman he married had two daughters, ages of 10 and 12. This second marriage proceeded without major problems until the wife's former husband was allowed to move into a trailer behind their home because he had no place else to go. The proximity of the ex-husband who was characterized as a cold and critical man had a chilling effect on their sexual interactions. Jack became involved with the youngest stepdaughter who had been rejected by her natural father. Jack denied have intercourse with her but did admit to mutual fondling of genitals on several occasions. He spent several months in jail after the incest was reported.

Bill

Bill was the oldest member of the group. He was raised in a very large family (12 siblings) and described the atmosphere in the household as undemonstrative and reserved. The view that children should be seen and not heard was predominant in the family. Bill recalled instances in which he would try to talk with his father to little avail. He left the home early against the wishes of his parents, and after working a number of odd jobs, joined the Army. Upon leaving the Army he married and begn making a living as a welder. Marital friction was symbolized in the wife's having an affair which Bill discovered. He chose to stay with the marriage rather than end it at that point. As the relationship to his wife became increasingly strained, Bill began to turn to his teenage daughters for warmth and sexual intimacy. He had prolonged incestuous relationships (including intercourse) with three of his four daughters, with the apparent result that each of the daughters involved in the incest experienced severe emotional disturbances, which are presently coming to light.

Don

Don was the youngest member of the group. He came from a relatively small family. He recalled that from an early age he was very close to his mother but never felt that his father loved him. He married early and held several jobs, including cannery work. His wife ran away with another man, leaving Don to take care of their five sons. He married a divorcee with 4 children of her own; together they had three more children. In the years prior to the incestuous incidents, his wife lost all interest in sex. Other elements of their relationship were strained as well. His teenage stepdaughter began to take on some mother/wife roles in the family as her mother withdrew from those functions. In the months following the death of one of his sons in a car accident, Don, who was very depressed about the death, became involved in several instances of mutual fondling with this stepdaughter. After reporting these incidents to the school authorities, she was removed from home to live in a foster care facility.

SIMILARITIES BETWEEN PARTICIPANT EXPERIENCES

Though not identical by any means, the men's background bore some similarity. In each case, the role modeling of their parents appeared to be inadequate. Affection and demonstrative love for the children of their families were often non-existent. The children were generally to be seen and not heard, underlining the perception that children did not have inherent rights. The men had carried this perception into their adult life. All were involved in dysfunctional marriages in which they exerted too much (Al) or too little (Bill, Jack and Don) control. Each of their wives did something that encouraged incest either through resignation, role reversal with the daughter(s), or failure to identify/assert needs.

GROUP PROCESS

It should be noted that the group only met as a whole a few times. The small size and changes in the referral source (which will be explained later) kept the group in a constant struggle to generate a sense of cohesion and purpose. Client resistance to this mode of therapy took numerous forms. Don failed to show up for over a month, while others used a variety of excuses to maintain their distance from the group. In several instances, pressure by the legal system had to be exerted on a client to return to the group on a regular basis. Despite the problems regarding attendance and cohesion, the group did offer a supportive and positive element in the lives of men who spoke openly of feeling ashamed of themselves and isolated within their families and communities. The weekly sessions afforded members the opportunity to discuss both past and current problems in a relatively non-judgmental atmosphere. In most cases, the men felt quite free to explore present concerns regarding their families. Progress in relating to spouse and children (particularly Don and Al's situations) as well as further marital discord (Bill and Jack's experience) were discussed at length, giving each participant the chance to speak about and listen to basic problems.

The participants were often surprised to find out that indeed they were not the only men who had experienced such impulses and problems. Similarities and dissimilarities in their upbrings were focused on with interest. The knowledge of other men's experience did, at times, offer the participants ways in which to better see the dynamics of their own situations. The commonality of experience made it easier to discuss subjects, particularly the actual instances of incest, which were emotionally laden. The fact that members of the group were at different stages both in terms of the legal process and adjustment to the problems involved with admitting to incest was beneficial. Al, who had been working with his therapist for over a year, provided the others with a "flesh and blood" example of someone who was on the way to overcoming the problems which caused his incestuous behavior. For instance, he spoke of the problems he had experienced when he first returned to his rural community and constantly wondered upon seeing townspeople, "Do they know what I did?" He had eventually moved beyond this stage of remorse and guilt, showing the other group members that this initial reaction of guilt regarding fellow citizens was a predictable but workable problem.

As in all groups, each client came with a particular agenda, each one mirroring the personal characteristics that helped to create the incestuous behavior. Al, always voluble and outspoken, attempted to control the group, much in the same way he had controlled his family. The other three men played more resigned and reticent roles, similar to those that they had played in their families. Don, the most reticent and shy, was the most difficult to get to come for the meetings. And yet these styles did not go unchallenged in the group. Al's overbearing behavior diminished as it became clear that little would be gained from his monologues. Similarly, Don's desire to remain on the periphery was indirectly challenged as others risked speaking of the problems that were troubling them. Drawn into meaningful disclosure, Don exhibited less reticence as the sessions progressed and eventually became a more open and responsive group member. Both Jack and Bill held firmly to their styles of interaction, maintaining a distance from the proceedings in what appeared to be an attempt to keep their defenses intact. Attempts to draw them out and confront their resistance met with only marginal success. More consistent attendance and longer duration of the group might have helped to ease their defensiveness.

ATTAINMENT OF PURPOSES

The initial sessions of the group focused primarily on appropriate interactions within families, centering on the general roles that should be performed by each parent and siblings. These role expectations were compared to the dynamics and circumstances of the incestuous behavior. The group then explored the ways in which the breakdowns of role performance had occurred. The similarities and dissimilarities of the role breakdowns were viewed, allowing each of the men to gain a broader perspective of causes/roots of incest. Their failures to properly parent were compared to the parenting styles of their mothers and fathers. In each instance, a greater

awareness of the problems of parenting being rooted in the past was gained. This is not to say that responsibility for the incestuous behavior became that of the participants' parents but rather that the group members entered into marital relationships utilizing inadequate models for parental behavior. While the group did not focus long on the elements of impulse control and its relationship to refraining from incestuous actions, it did discuss the impulsive nature of the men's actions. Again, comparing styles of behavior among the members best illustrated the basic impulsiveness of their actions.

During the middle and concluding sessions the supportive element of the group became more apparent. Emphasis shifted to present concerns, e.g. problems related to the courts and issues relating to families. Sporadic attendance and the problems of geeting new members tended to overemphasize this particular function of the group. Some men spoke openly of the group serving a very helpful function in their lives. It was a place in which they could speak honestly of the doubts, anxieties and concerns that necessarily accompany the uncovering of incestuous actions.

DISSOLUTION OF THE GROUP

The most obvious reasons for the group's demise were that: A) Jack and Bill were jailed and B) the group received no new referrals from the courts. Jack and his wife, due to strained economic circumstances, went to live with her father, a very cold and critical figure. The pressures of living under the father's roof disrupted the emotional and sexual interactions within the marriage. Jack made several sexual advances towards his youngest stepdaughter who reported the incidents to authorities. He was immediately confined to the jail. Bill was incarcerated for the acts of incest which had occurred prior to the group's formation. With only two members remaining in the community, the group could not function.

Secondly, a private agency had won the contract from the court system to treat families in which abuse (physical, sexual) or neglect had occurred. The group received no referrals from this agency. Without new members, the group could not possibly survive the loss of two participants. Thus, it dissolved quietly in January of 1982, after five months.

The underlying cause of the dissolution is that the treatment of incestuous fathers, like so many facets of our lives, became the proverbial political football. It is a fragile and tenuous proposition in the average rural county to attempt to treat rather than punish fathers who have perpetrated incestuous acts. A treatment group of this type is subject to whims and vagaries of political processes within the county. There is no one to advocate for incestuous fathers; there will be no hue and cry if a group for them is discontinued. In this case, the court referrals essential to the group's continuing existence, were (for a variety of reasons) taken from the Mental Health Center and given to a private agency. In the

shift, little attention was paid to the fate of the group. It fell by the wayside as do many other important programs which serve non-influential groups. It was lost in the political infighting and wrangling that is present in all counties, rural and urban, and will most likely not be resurrected.

IMPLICATIONS FOR RURAL SOCIAL WORK PRACTICE

Creating and maintaining a group for incestuous fathers in a rural setting depends as much upon the political savvy of the leader(s) as on their clinical expertise. Full support of the sponsoring agency, rather than mere lip service, is the essential foundation upon which to establish an ongoing group of this nature. In this example, firm backing by the Center's clinical and administrative staff could have helped the group to continue, despite the loss of the contract from the courts. No group leader can assume that such support exists, it must be cultivated through regular and specific communications with individual staff members and at staff meetings. Staff resistance to any type of therapy with incestuous fathers is a distinct possibility. Failure to address this possible impediment to agency support for the group can be a major mistake.

Similar attention must be paid to creating and maintaining lines of communication with referral workers. It is necessary that both Protective Services and the Probation Offices be apprised of the group's purposes and its general progress towards achieving them. This type of rural group must be actively sold to referral sources who may be skeptical of or even resistant to treatment for incestuous fathers. Regular contact can diminish skepticism and resistance, which in turn, can help keep the numbers of referrals at an adequate level.

SUMMARY

The incestuous father, even one who admits to his actions and feels remorse for them, usually receives little assistance in dealing with the problems that caused his behavior. This attempt to create an ongoing group for incestuous fathers at a rural Community Mental Health Center embodied the positive and negative elements of such an effort. The group provided a supportive environment in which the participants could explore and share problems that were avoided in the rural county. The results of this "experiment" indicate that group treatment can be an effective way for relatively small numbers of incest offenders to address their common yet unique problems. In this group, the participants appeared to gain greater insight into the nature of their incest-related problems, and in certain cases, exhibited a greater capacity to cope with the stresses of their particular situations. Client resistance, loss of referrals, and indifference of the agencies involved in the creation of the group finally extinguished this innovative attempt to provide an alternate mode of dealing with the incestuous father.

Section IV. Service to Rural Youth

Consistent with Institute themes addressing community based services delivery with a focus on community integration and coordination of services, we now focus on three facets of service delivery to rural adolescents - social work in the schools, development and coordination of child protective services, and adolescents' perceptions of rural human service agencies. Martin G. Miller, Lee Bayer-Shapiro, Margaret White and Joan Young report on the results of a state wide survey regarding adolescent's perceptions of human service agencies. Distinctions are drawn in this study between urban, rural non-farm and farm youth. It is suggested in this study that the school counselor may bridge the gap between adolescents' and human services in rural communities. Bob Deaton and Dan Morgan present a model for developing community coordination of child protective services in a rurban area. This approach was developed in response to cuts in federal monies, the need for expanded projects and services tailored to the unique needs of the area and finally, the need to better coordinate child protective services in the rural/urban area. Sonja Matison and Donna Hanneman describe a program for expanding graduate practicum opportunities in school social work in rural Washington state. Included in their description are consideration of the role of the "generalist" rural school social worker as well as the importance of joint school/agency collaboration.

URBAN, RURAL NON-FARM, AND RURAL FARM ADOLESCENTS' PERCEPTIONS OF HUMAN SERVICES AGENCIES

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INTRODUCTION

The purpose of this study is to examine urban, rural farm, and rural non-farm adolescents' knowledge and perceptions of human service agencies having statutory responsibility to adolescents. These agencies include: the Department of Social Services, Mental Health Centers, Job Service, Probation Offices, Police Departments, and School Counselors. The original Iowa State-Wide Youth Needs Assessment Survey (Miller, 1976) demonstrated adolescents' need for services. The authors feel the first step in meeting these needs is to learn whether or not the adolescents are aware of the availability of services within their own communities. This paper explores the awareness of social agency availability and feelings of peer image, trust, and ease of securing services.

REVIEW OF RELEVANT LITERATURE

A thorough search of the relevant social science abstracts revealed no studies directly commenting on the differences in perceptions among rural farm, rural non-farm, and urban adolescents. The authors then conducted a computer search of the literature. Of the 38 articles assessed, we found four to be helpful. In our literature review, we highlighted only the material which directly pertains to our study.

House, Durfee, & Bryan (1979) conducted a survey in rural North Carolina of 1,349 secondary school students. The survey pertained to physical, psychological, and social factors of the students' lives. Students were asked to indicate, from a list of eight helping professionals, which would be the preferred source of help for those problems which they had actually experienced in the previous six months. It was noted that mental health services were available in the county. Social workers, guidance counselors, and psychologists were among the choices, but physicians were the preferred source for most problems. Psychologists ranked second to physicians for "nerves" and alcohol problems. For "trouble getting along with people", guidance counselors were the most frequent choice and teachers the second most frequent (House, Durfee & Bryan, 1979, p. 367-368). A question designed to identify preferred non-professional sources of help showed that family, friends, school personnel, physicians, and ministers (in order of frequency) were preferred. There were, however, only a

small number who answered that question and most of those were female (House, Durfee & Bryan, 1979, p. 367).

A problem in the study was that in the county surveyed, approximately 50 percent of the adolescents left school before they completed the tenth grade and were therefore not reached by this survey. Although approximately 42 percent of the population in the county between the ages of ten and nineteen were in the sample, the sample might not be a true representation of the county's adolescent population because of this drop out rate (House, Durfee, & Bryan, 1979, p. 361).

A study of rural attitudes toward social service agencies was completed by Benson & Bilby (1977) in two rural counties in Wisconsin. There was no mention of age of the participants of the study. The study indicated that in one county 36.5 percent of the citizen sample and 75 percent of the opinion leaders sample (defined as professional and quasi professional people such as medical personnel, clergy, school administrators, etc.) desired more knowledge of social services. In the other county, 45 percent of the citizen sample and 91.9 percent of opinion leaders desired more knowledge of social services (Benson & Bilby, 1977, p. 1049). This study concluded that "effective public relations programs could no doubt modify the public's perception of social service agencies and social workers" (Benson & Bilby, 1977, p. 1051).

Philliber studied the factors which influence the use of social service agencies in an urban area. Unemployed people and their use of the state employment service were the focus of the study (Philliber, 1974, p. 81). The sample was taken from adults living in a low income area of Cincinnati, a population representative of that typically serviced by social service agencies. The article discussed several factors which influence the use of agencies, but "knowledge that a service existed to help them find jobs was the prime factor determining use of the agency" (Philliber, 1974, p. 90). Only 57 percent of the 91 unemployed respondents knew that a state agency existed which could help them find work. Of the respondents who did know about the agency, 65 percent actually used that agency to find work (Philliber, 1974, p. 83).

Glenn and Hill's literature review of rural-urban attitudinal differences in the United States indicated that the rural-urban variable is "modest at best" (Glenn & Hill, 1977, p. 50). On most issues the rural and urban population differed nearly as much internally in their attitudes as the total population did. Differences between rural farm and rural non-farm were also small (Glenn & hill, 1977, p. 41). The article suggests that mobility, the media, and uniform education have all contributed to the diminishing of these differences.

The literature did not directly address the question of statutory services for adolescents, nor did it address attitudinal and behavioral differences in urban, rural non-farm and rural farm areas.

METHODOLOGY

In the fall of 1976, a large sample of adolescents throughout the state of Iowa participated in a youth needs assessment survey. The sample consisted of youngsters attending grades 7-12 in the public schools in Iowa. Within each of the 28 participating school districts, a minimum of 25 children per grade was sampled from each of the six grade levels. The actual number of students represented in the study was 3,925, which comprised 88 percent of the selected sample population. In the fall of 1976, approximately 298,000 children were attending junior and senior high schools in Iowa. The number of youths who participated in this survey represents somewhat over one percent of the total secondary school population. In order to assure a wide geographic distribution of school districts in the sample, the districts were arranged in order geographically and sampled systematically. The districts were first grouped into 15 area community college regions. Within each region, the counties were ordered in a geographic manner; and within counties, the districts were ordered alaphabetically. Districts which had classes with less than 24 students were combined with neighboring districts. If an alternative learning center existed within a selected school district, the populations of those centers were also surveyed. The intent of the sampling procedure was to have an accurate representation of urban and rural districts from all parts of the state.

The survey of classrooms took place during November, 1976, and was done by Iowa State University students who had been trained in the administration of the instrument. In most classrooms, school personnel were not present during the survey sessions. The role of the administrator was to explain the study and to help students having reading difficulties. The survey was self-administered, confidential, and voluntary. Students had 40-60 minutes to complete the survey, depending on the length of their regular classroom period. Since the survey was voluntary, students could refuse to participate, however, refusal rates were very low -- less than one percent of the students.

In addition to a large number of other items, the questionnaire contained scales that elicited demographic information and perceptions of human services agencies.

Six agencies with statutory responsibility to service adolescents were presented to the subjects. The subjects were asked if they knew about the agency and, if so, they were asked to respond to a series of questions relating to the ease of finding the agency, peer image, knowledge of what services were provided, perception of whether the agency would keep information confidential, and ease of talking with personnel.

The agencies were: the State Department of Social Services, probation department, school guidance counselors, mental health center, police department, and Job Service of Iowa.

DATA ANALYSIS

Subjects were identified and placed into "urban", "rural non-farm", and "rural farm" categories. The category of urban includes those areas in Iowa with a population of more than 5,000. Of those areas with a population of less than 5,000, the distinction between rural farm and rural non-farm was determined by the occupation of the head of household (i.e., rural farm -- occupation farmer; rural non-farm -- other occupations). The sample consists of 2,633 (66.7%) urban, 848 (21.5%) rural non-farm, 364 (9.2%) rural farm, and 102 (2.6%) nonspecified.

The demographic information depicts the following profile of the statewide youth sample. There is nearly an equal number of males and females (2,012 males and 1,913 females -- 22 did not respond). The age range goes from 11 to 19 with a mean of 15 and with 83.4 percent of the sample falling in the 13 to 17 range. The median is 15.6 years, so that there is a slight positive skewing of the distribution. The vast majority of the sample is Caucasion (93 percent), and 3 percent of the sample is Black. The number of subjects is about evenly divided among the seventh through twelfth grade levels. "Father" was identified as "head of the family" by most of the sample (79.6 percent). The largest percentage occupational category for family head fell in the "skilled manual" area (25 percent) with substantial proportions identified as "administrative" (14.2 percent), "sales workers" (12.7 percent), and "machine operators" (13.5 percent). A significant percentage of family heads were high school graduates (44 percent); while 25 percent of the family heads had some college level training, or finished a college program. The majority of the heads of household (92.5 percent) were employed.

Six agencies with statutory responsibility to service youth were presented to the young subjects. The subjects were asked if they knew about the agency and, if they did, they were to respond to a series of questions relating to whether they think the agency would keep information confidential, are personnel easy to talk to, and does the agency have a good image.

Youth Responses to Questions About Agencies

Responses to whether the respondents knew about the six agencies are summarized in Figure 1. Only small percentages of adolescents know about the Department of Social Services, mental health centers, Job Service, and juvenile probation, although more urban adolescents stated that they know about Job Service. More than half of the sample indicate knowledge of police and school counselors. In general, more urban adolescents know about the existence of these agencies than either rural non-farm or rural farm adolescents, with the exception of the mental health center.

As shown in Figure 1, 83.1 percent of the urban, 75.1 percent of the rural non-farm and 76.5 percent of the rural farm adolescents know about school counselors. Responses toward school counselors shown in Table 1.6 indicate that a significant proportion of the responding

subjects thought school counselors have a good image, are easy to talk to, and will not tell problems (35 to 56 percent of the samples). The three population categories are fairly consistent.

Urban and rural non-farm adolescents have more knowledge of the police department (71.3 percent and 65.4 percent, respectively), compared to 54.8 percent of rural farm (see Figure 1). This difference may be due to the rural farm adolescents' literal interpretation of "police department" at the exclusion of other law enforcement agencies, e.g., sheriff's department. Perceptions of the police department are listed in Table 1.4. These feelings were more negative in urban and rural non-farm than in rural farm youth. Interestingly, although urban adolescents feel the police have a poor image (38.2 percent) about the same percentage (23.5 percent) feel that the police would not reveal their problems as feel they would (23.9 percent). The confidentiality issue is not directly correlated to the image.

Responses toward Job Service indicate that urban adolescents know considerably more about the agency than do rural adolescents (see Figure 1). Twenty-three percent of the urban and 16.3 percent of the rural non-farm adolescents in the sample know about the Department of Social Services, while only 9.5 percent of the rural farm adolescents know the agency. In addition, the rural farm adolescents consistently showed more negative perceptions of the Department of Social Services than either the urban or rural non-farm respondents.

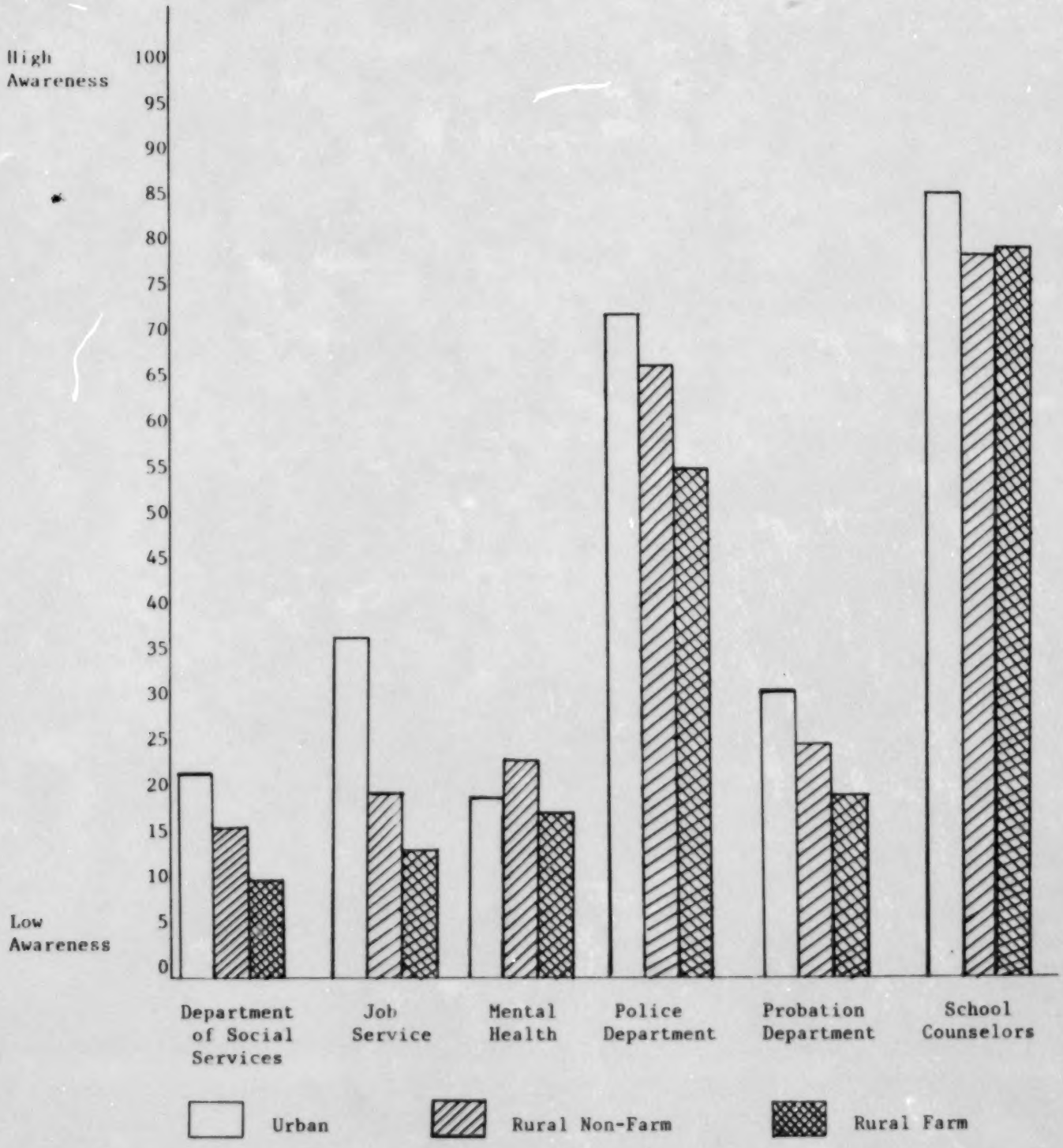
Thirty percent of the urban and 24.1 percent of the rural non-farm adolescents know about juvenile probation officers, while only 18.7 percent of the rural farm adolescents indicate such knowledge (see Figure 1). Urban and rural non-farm respondents tend to have a more positive perception of the juvenile probation department than rural farm respondents.

A slightly higher percentage of rural non-farm adolescents indicate knowledge of mental health centers than urban (20.1 percent and 19.2 percent, respectively). A smaller percentage of rural farm youth respond that they knew about mental health centers (see Figure 1).

The study encompassed a behavioral indicator of these adolescent respondents. Subjects were asked directly if they, personally, had sought or received help from each agency (see Table 2). A lower percentage of rural farm adolecents had personal experience with every one of these agencies, except for school counselors, than either urban or rural non-farm. A lower percentage of rural farm adolescents have personally sought or received help from the Department of Social Services than any of the other agencies. Ten percent of the urban adolescent sample have sought or received help from the Department of Social Services as compared to 6 percent of the rural non-farm sample, and only 1.2 percent of the rural farm respondents.

Twenty-six percent of urban youth have had some personal experience with Job Service as compared to only 9.9 percent of rural non-farm youth and an even lower 5.4 percent of rural farm youth.

Figure 1. Percevied Awareness of Human Services by Type of Residence
(Percentage Who Responded "Yes" to the Question:
Do you know anything about this agency or organization?")



Only a small percentage of each group had personal experience with mental health centers. Approximately the same percentage of urban and rural non-farm adolescents had sought or received help from mental health centers (7.6 and 7.8, respectively), but a lower percent of rural farm youth respondents have received such assistance.

A full one-third of the urban youth indicated they had sought or received help from the police. Percentages were lower for both rural groups.

Eleven percent of the urban youth indicated personal experience with the probation office. A lower 6.5 percent of rural non-farm and an even lower 4.2 percent of rural farm youth had sought or received help from this agency.

A large 70.2 percent of urban youth have sought or received help from school counselors. Fifty-eight percent of rural non-farm and 59.2 percent of rural farm respondents have personally had experience with school counselors.

The next step was to determine the positive to negative perceptions of these agencies by only those adolescents who had actually experienced the agency. These subjects' scores of six perceptual questions tapping respondents opinions of the agencies were summated and the means calculated.[1] These were termed Assessment Agency Mean Scores. The higher the number, the more positive feelings the repondent had of the agency. Table 3 represents the mean scores of positive to negative perceptions toward each agency.

Rural farm adolescents, who had experienced the agency, had the least positive feelings toward the Department of Social Services. Rural non-farm and urban youth responded more positively toward the Department of Social Services although their perceptions of the agency were generally less positive than of other agencies.

Job Service was perceived less positively by rural farm respondents than by either rural non-farm or urban subjects.

Mental health centers had the most positive image among farm adolescent respondents who had experienced the agency than any of the other agencies. The image of mental health centers was quite respectively positive in both of the groups.

The Assessment Police Mean Scores were nearly equal among the urban, rural non-farm, and rural farm respondents who had some experience with them. The scores indicated these youngsters do not totally dismiss police as a positive assistance resource.

Positive perceptions of the probation office was highest in the rural non-farm adolescent sample and lowest in the rural farm sample.

School counselors received positive perceptual mean scores by all three samples.

Table 1.1. Adolescents' Perception of the Department of Social Services (In Percentages by Type of Residence)

		Urban	Rural Non-Farm	Rural Farm
Does the Department of Social Services have good image?				
	Yes	4.6	4.0	3.1
	Sometimes	6.8	5.7	2.0
	No	4.8	3.3	2.0
	Don't Know	83.8	87.0	92.0
Will the Department of Social Services tell problems?				
	Yes	3.1	2.2	1.4
	Sometimes	2.8	1.5	1.7
	No	14.5	11.4	6.6
	Don't Know	79.6	84.9	90.3
Are the Department of Social Services people easy to talk to?				
	Yes	6.1	4.0	4.0
	Sometimes	4.9	4.1	1.1
	No	2.6	2.1	0.6
	Don't Know	86.4	89.8	94.3

Table 1.2. Adolescents' Perceptions of Job Service (In Percentages by Type of Residence)

		Rural	Rural Non-Farm	Rural Farm
Does Job Service have good image?				
	Yes	13.8	8.6	6.1
	Sometimes	10.6	4.7	3.3
	No	4.7	2.3	1.8
	Don't Know	70.9	84.4	88.8
Will Job Service tell problems?				
	Yes	5.1	1.4	1.5
	Sometimes	4.5	2.6	1.8
	No	18.8	10.5	7.9
	Don't Know	71.6	85.5	88.8
Are Job Service people easy to talk to?				
	Yes	13.8	6.6	5.1
	Sometimes	10.5	5.2	2.4
	No	3.9	1.2	1.2
	Don't Know	71.8	87.0	91.2

Table 1.3. Adolescents' Perception of Mental Health Center
(In Percentages by Type of Residence)

		Urban	Rural Non-Farm	Rural Farm
Does Mental Health Center have good image?				
	Yes	4.2	5.4	5.3
	Sometimes	4.3	4.9	2.7
	No	5.8	5.2	5.3
	Don't Know	85.6	84.5	86.6
Will Mental Health Center tell problems?				
	Yes	3.3	2.2	2.1
	Sometimes	2.7	2.0	1.8
	No	11.1	12.4	11.1
	Don't Know	83.0	83.4	85.0
Are Mental Health Center people easy to talk to?				
	Yes	5.1	6.0	4.5
	Sometimes	5.0	4.3	3.0
	No	2.4	1.3	1.8
	Don't Know	87.6	88.5	90.7

Table 1.4. Adolescents' Perceptions of the Police Department
(In Percentages by Type of Residence)

		Rural	Rural Non-Farm	Rural Farm
Does the Police Department have a good image?				
	Yes	6.7	9.0	7.2
	Sometimes	19.8	19.1	20.6
	No	38.3	30.6	21.2
	Don't Know	35.2	41.3	51.0
Will the Police Department tell problems?				
	Yes	23.0	20.7	13.8
	Sometimes	12.7	8.9	11.5
	No	23.5	23.1	21.9
	Don't Know	40.8	47.3	52.7
Are Police Officers easy to talk to?				
	Yes	8.1	10.7	8.1
	Sometimes	20.3	17.8	18.2
	No	24.1	18.7	12.7
	Don't Know	47.5	52.8	61.1

Table 1.5. Adolescents' Perception of Probation Department
(In Percentages by Type of Residence)

		Urban	Rural Non-Farm	Rural Farm
Does the Probation Department have a good image?				
	Yes	4.2	5.3	2.4
	Sometimes	9.0	5.8	5.7
	No	11.6	8.7	6.0
	Don't Know	75.2	80.2	85.9
Will the Probation Department tell problems?				
	Yes	5.6	4.5	2.4
	Sometimes	3.9	2.2	3.3
	No	15.9	14.4	9.9
	Don't Know	74.5	78.9	84.5
Are Probation Officers easy to talk to?				
	Yes	5.7	5.5	3.6
	Sometimes	8.1	5.7	3.3
	No	5.6	3.6	3.3
	Don't Know	80.7	85.2	89.9

Table 1.6. Adolescents' Perception of School Counselors
(In Percentages by Type of Residence)

		Rural	Rural Non-Farm	Rural Farm
Do school counselors have a good image?				
	Yes	36.2	36.7	34.8
	Sometimes	29.6	22.2	25.6
	No	11.3	9.5	9.2
	Don't Know	22.9	31.5	30.5
Will school counselors tell problems?				
	Yes	10.3	7.5	7.5
	Sometimes	8.7	7.6	6.4
	No	55.8	52.2	56.1
	Don't Know	25.2	32.7	30.1
Are school counselors easy to talk to?				
	Yes	39.1	38.7	39.2
	Sometimes	32.1	23.1	28.5
	No	9.3	9.0	6.1
	Don't Know	19.6	29.2	26.2

Table 2. Rates of Respondents Indicating They Personally Have Sought or Received Help from Agencies (In Percentages by Type of Residence)

	Urban	Rural Non-Farm	Rural Farm
The Department of Social Services	9.9	6.0	1.2
Job Service	25.6	9.9	5.4
Mental Health Center	7.6	7.8	4.8
Police Department	33.8	23.0	18.0
Probation Department	10.8	6.5	4.2
School Counselors	70.2	58.2	59.2

Table 3. Assessment of Agencies by Respondents Who Sought Help from Agencies (Mean Scores by Type of Residence)

	Urban	Rural Non-Farm	Rural Farm
	$\bar{X}$*	$\bar{X}$*	$\bar{X}$*
The Department of Social Services	11.3	11.0	6.0
Job Service	13.2	13.3	11.7
Mental Health Center	12.9	12.7	14.7
Police Department	11.4	11.5	11.7
Probation Department	12.0	13.2	10.0
School Counselors	13.9	14.1	14.5

* Higher the mean score the more positive the perception toward agency. Most positive score = 18.

DISCUSSION

Whereas Benson & Bilby's study (1977) of rural counties in Wisconsin indicated that citizens desired more knowledge of social services, our study illustrates the need for adolescents to have more knowledge of social services agencies.

Findings from Philliber's study (1974) demonstrated that the major factor influencing the use of social service agencies is "knowledge that a service existed." These youngsters could not be expected to make use of those agencies if the need arose.

In the study by House, Durfee & Bryan (1979), students were asked to indicate their preferred source of help from a list of helping professionals. Our study differed in that subjects responded to agencies with statutory responsibility for servicing youth. It was not the authors' intent to include all available resources. However, it is reasonable to assume that physicians, clergy, and school personnel should have working knowledge of human service agencies. The school guidance counselor is obviously a highly preferred source of help to the adolescents in our study.

Glenn & Hill (1977, p. 50) noted that the rural-urban variable is "modest at best" (1977, p. 50) and that the differences between rural farm and rural non-farm are small. Our study concurred that most differences were small. Some of the proportional differences should be noted. The fact that rural farm adolescents least often sought or received help from those major social agencies with statutory responsibility to service citizens raises a question regarding the accessibility of these agencies.

SUMMARY AND IMPLICATIONS

This study examined urban, rural farm, and rural non-farm adolescents' knowledge and perceptions of human service agencies having statutory responsibility to adolescents.

With the exception of school counselors and police departments, adolescents have very little knowledge of statutory human service agencies. In general, more urban adolescents know about the existence of these agencies than either rural non-farm or rural farm adolescents. However, the differences between urban and rural non-farm were slight and did not exceed 10 percent. A notable exception occurred with the subjects responses to Job Service. It is possible this is due to urban youth needing the help of Job Service more than rural youth. Rural youth may find agriculturally related jobs in their own communities. The knowledge of agencies among the rural farm adolescents was generally lower than either of the other groups.

The Department of Social Services is not reaching the rural farm adolescent population. Few of these youth had knowledge of or sought help from this agency. In addition, those rural farm youth did seek

help from the Department of Social Services had negative opinions of that agency.

Mental health centers are also not well known to adolescents. Interestingly, even though a smaller percentage of rural farm adolescents had experience with these agencies than either urban or rural non-farm, their perceptions of mental health centers were the most positive of all the agencies. Mental health centers gradually received fairly positive perception mean scores from all respondents.

School guidance counselors are sought out for help by a high percentage of all youth. The rural farm adolescent population, especially, may find guidance counselors to be the most accessible resource for them and may be expecting and receiving assistance from them in many areas of their lives.

Since such a high percentage of youth seek help from school guidance counselors and have a high regard for them, it appears that this resource must be used as a gatekeeper of services to youth. Guidance counselors must know community resources and be knowledgeable enough to make appropriate referrals. They can educate adolescents and their families about these resources and how to utilize them. In addition, the guidance counselor can be consulted by community agency personnel about what the needs of adolescents are and what agencies can provide to meet those needs.

Much has been written about the urban phenomenon and its influence on youngsters within the urban setting. The dearth of studies dealing with rural adolescents, especially farm raised youth, is a critical neglect of the well being of these youngsters. The implications presented in this study attempt to address this problem.

Community sociologists have identified the growing similarity between the urban and rural segments of our society. The eclipse or articulation of the rural community (Stein, 1960a; Sanders, 1977) refers to the process whereby rural society has become more fully integrated into the larger society. The values, norms, roles, and behavior patterns of the rural population segment come to resemble increasingly those found in the dominant social order. For example, the nature of crime and delinquency appears to be roughly the same in rural and urban areas (Griffin & Griffin, 1978, p. 68-69). Polk (1974) found that in his study of rural Oregon youth that not only were the number of confrontations between youth and the police roughly equal for metropolitan and nonmetropolitan youth, but that the seriousness of the causes of these confrontations were also similar.

A tradition in America rural society has been the passing of skills from parents to children through a lengthy apprenticeship system. This is less true today. Opportunities for learning within the family setting have been sharply reduced due to the dwindling of the family farm resulting in fathers and mothers traveling to the urban areas for employment. No single corresponding institution

within our society has taken over this traditional role. Instead, there are a variety of institutions including those statutory agencies identified in this study which have an impact on a young person and that individual's direction in life. Unfortunately, as this study points out, few farm raised youngsters can identify with these agencies, thus the impact of agency persons on the socialization of youngsters is minimal. Youth service providers must reach out to rural youth. Youth serving agencies' policies, procedures, and practice need to be revised to reflect this awareness approach.

A cultural lag does exist. Our society has spent so much time, energy, and money on the destructive conditions of urbanization that we have overlooked the quality of life of today's rural youth. Through the process of articulation the same conditions affecting urban youngsters are influencing rural youth. It is time to address this social problem. How do we go about changing institutions? Clearly, it is the responsibility of those who have the obligation to be resources to and assist in the development of young people to bring about change. This study indentified school guidance counselors as those adults most known to and trusted by adolescents. In order to strengthen the bridge between social services and rural adolescent youth, professional social workers who practice in rural communities must be aware of the importance of school guidance counselors in the delivery of social services. Professional social workers must encourage school guidance counselors to act as prime social change agents. School counselors can be youth advocates who bridge the gap between young people and the social service network of rural communities.

In conclusion, social work professionals need to develop and encourage supportive environments for school counselors to achieve the advocacy of youth role. This is important for positive youth development in our rural communities.

FOOTNOTE

1. Subjects who answered "yes" to the question "Do you know anything about this agency or organization?" responded to six agency assessment questions:

   1. Is it difficult to get there?
   2. Do they have a good "image" with kids you know, i.e., do kids think it's an OK place to go for help?
   3. Do you know what kinds of things they will do if you go there?
   4. Do you think the agency would tell anyone about your problems if you went there?
   5. Are the people there easy to talk to?
   6. Is it difficult to get someone there to help you?

   Positive responses received a value of three, "sometimes" responses received a value of two, and negative responses a value of one. Assessment agency mean scores were calculated on each of the six agencies using the summated scores of subjects who had personal experiences with these agencies.

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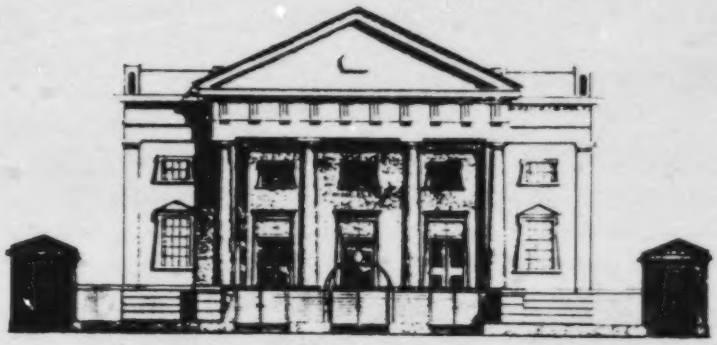

TOUGH TIMES: COMMUNITY COORDINATION AND DEVELOPMENT IN CHILD PROTECTIVE SERVICES IN A RURBAN AREA

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A community program to reduce child abuse and neglect was begun in a western Montana county to provide and coordinate services during times of reduced funding. The commissioners of Missoula County, seeking to coordinate the overlapping efforts of numerous child-welfare programs, created the Missoula Council for Child Protection and Family Support in 1981. After nearly a year of operation, the Council has encountered several problems but has performed a wide range of needed services as well.

Several factors indicated that the recognition for such an organization was needed. The most important was the county commissioners' decision to give high priority to programs aiding the area's maltreated children and families in distress.

There were other significant factors. One, because of cuts in the federal budget for social programs, local agencies were worried about their ability to continue providing services. Two, existing agencies were not offering enough projects and services tailored to some unique needs of the area. Finally, there was the need to coordinate existing resources and programs to reduce their duplicating one another's efforts.

After establishing the community council, the commissioners solicited bids for council coordinators, who would work part-time on a one-year contract. The authors were the successful bidders. By summer 1982, we had completed the first nine months of work on the project.

THE BEGINNING

The notion of a child protection and family support council had been discussed before, but never had been implemented. It finally came into being primarily because the prevalence of child abuse and neglect has gained increasing public recognition. Several service clubs have adopted the problem as a national theme, while television stations frequently air public service announcements aimed at increasing viewer's awareness of child abuse and neglect.

During the 1970's the federal government provided considerable funding for training, research, and demonstration projects. Unfortunately, money for such programs (particularly for demonstration purposes) is being reduced considerably.

In Missoula, the support of the county commissioners was the primary force for increased action. Although the amount of contract money is not enough to staff and operate an agency, it does provide unrestricted funding useful for matching grants, funding small projects, and paying the council's operating expenses. In addition, the commissioner's strong support has eased the council's task of involving agency staffs and community members.

THE APPROACH

We felt an organizational method that strongly considered the unique characteristics of our community would work best. As Tarleau (1981) points out, no textbook definition of "rurality" fits most real communities (p. 11). Therefore, we first developed a specific description of our rurban community.

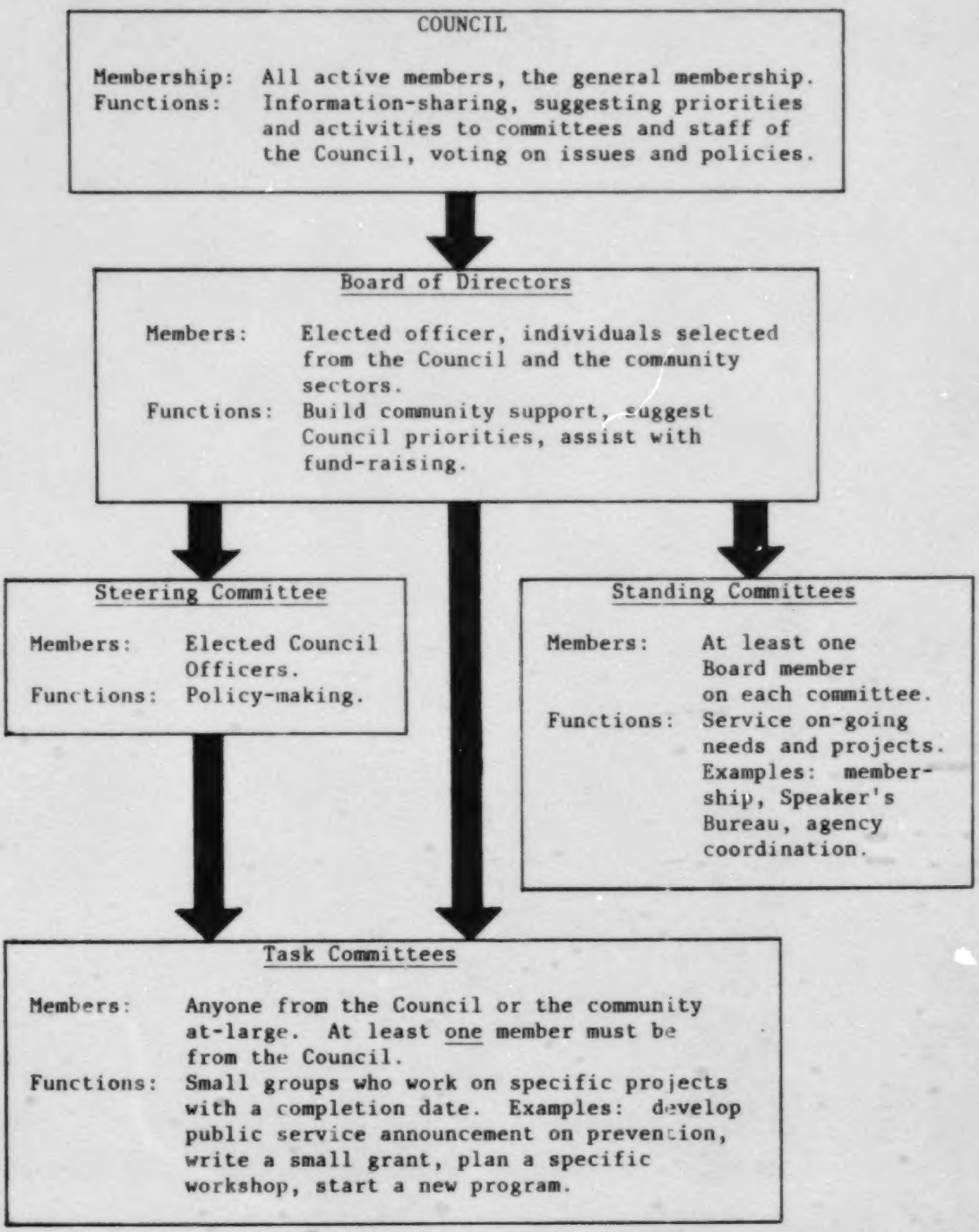
Missoula is a county seat, a university town, and a trade center for the western fourth of Montana. It contains a mix of rural and urban features. The county's population is 80,000.

The area possesses a broad range of human resources at both formal and informal levels. That situation has evolved both because of the presence of the state university and because Missoula's scenic Rocky Mountain locale has drawn many professional people from bigger cities over the past fifteen years.

Our community organization model is a composite of rural community planning and development. To produce it, we convened concerned individuals willing to provide education and awareness, furnish direct help to families under stress, and assist the agencies that work with child abuse and neglect.

Figure 1 shows the council's initial organizational structure. The difference between standing committees and project committees is this: Task committees are formed to complete a specific project, and are disbanded upon its completion; standing committees (such as the membership and executive steering group) are appointed sparingly for on-going functions.

Figure 1. Organizational Structure of the Council for Child Protection and Family Support


COUNCIL
Membership: All active members, the general membership.
Functions: Information-sharing, suggesting priorities and activities to committees and staff of the Council, voting on issues and policies.
Board of Directors
Members: Elected officer, individuals selected from the Council and the community sectors.
Functions: Build community support, suggest Council priorities, assist with fund-raising.
Steering Committee
Members: Elected Council Officers.
Functions: Policy-making.
Standing Committees
Members: At least one Board member on each committee.
Functions: Service on-going needs and projects. Examples: membership, Speaker's Bureau, agency coordination.
Task Committees
Members: Anyone from the Council or the community at-large. At least one member must be from the Council.
Functions: Small groups who work on specific projects with a completion date. Examples: develop public service announcement on prevention, write a small grant, plan a specific workshop, start a new program.

By September 1, 1982, the council had become a non-profit organization, with a board of directors replacing the steering committee. The rest of the organization remains the same as that shown in the chart.

The council holds monthly program meetings for the general membership and the public. It also publishes a regular newsletter, which is widely circulated in the community.

Our planning activities have involved several concerns. One was developing lists of projects, with target dates. Another was conducting a community survey (described later), and a community planning conference using the data from that study. These efforts have helped the council select appropriate targets for action.

We chose to use the rural community development approach so that we might generate a philosophy and a set of techniques that would provide the community and council members the maximum amount of control and decision-making powers (Omer, 1976; Christenson, 1982). That approach is consistent with the council's goal of initiating programs that are designed specifically to meet local needs and that use local resources whenever possible.

ACCOMPLISHMENTS

At this writing, the council has been in operation less than a year, but it has already met with considerable success. Completed projects include:

Public Service Announcements

We created posters, radio scripts, and 90-second television announcements that explained family stresses and reminded the public of the family and children's services available in Missoula. Each of these listed the toll-free number of the area's agency for information and referrals on health, education, and social services.

Resource Library

All the available literature on child abuse that we could secure free or at low cost was placed at the information and referral agency's offices (the Five Valleys Health Information Clearing House).

Parents Anonymous (PA)

Through the efforts of the council, a local P.A. chapter was formed and a state coordinator was selected. A local service club assisted in this effort; its members provided printing services and furnished legal assistance for drawing up nonprofit corporation papers. Child welfare mini-grant funds have been secured from the state social service agency to operate the P.A. chapter. The national P.A. office furnished start-up funds.

Child Sexual-Abuse Dolls

Two sets of anatomically correct dolls, used for treatment and diagnosis with young children who are victims of sexual abuse, were purchased for child protection workers and for therapists to use in private practice.

Survey of Community Services

We conducted comprehensive interviews (using a structured 39-item schedule) with all local organizations that had formal programs for children and families. This study elicited information about those agencies' current needs, the services they provided, and their priorities for services to families (Bertsche & Deaton, 1982). We were surprised to discover that, in our relatively small community, 53 programs for families and children were under way. (A few social agencies operate more than one program.)

The survey was designed and conducted by a social work research class at the University of Montana. The twelve students in the course undertook the study as a lab assignment. Their findings yielded priorities for council planning and actions. These included:

1. Providing community education: Improving community awareness of child abuse and how to report it; offering parent education classes; disseminating information about existing programs.

2. Improving education in the schools: Showing children ways to avoid physical and sexual abuse; training teachers how to recognize and report abuse and neglect.

3. Forming self-help groups: Encouraging the formation of self-help groups, such as Parents Anonymous.

4. Beginning new programs: Initiating new services through current programs.

5. Encouraging inter-agency coordination: Taking steps to enhance cooperation among agencies concerned with child maltreatment.

Considerable assistance has been given the council by the Missoula affiliate of the Exchange Club, whose members are business and professional persons. The club had adopted the council as a lead project. It helps underwrite the council's operating costs, and has agreed to assist with specific fund-raising projects. Club members also donate technical assistance, particularly in legal, advertising, budgeting, and planning areas.

Further assistance has come from the University of Montana's Department of Social Work, which will place a practicum student with the council for the 1982-83 academic year. This student will become

one of the council's part-time coordinators. Duties will include community organizing, planning, administration, and project development.

PROBLEMS

The council encountered several difficulties during its initial year. The major concern was the limited time and energy available for working on projects, fund-raising efforts, and organizational activities. There is no lack of talented, interested volunteers and professionals; all, however, including the coordinators, have other commitments. In particular, council members already employed in agencies dealing with maltreated children often run out of time and energy for noon or evening sessions.

Another concern has been that of building the organization's credibility. Previously, similar well-meant efforts in the community have produced few results. We found that the best way for us to establish credibility was to complete the specific projects that council members embark on.

We also found that we needed to educate the public about the extent of child abuse and neglect and about the role of human services in the community. Most people seem to feel that physical abuse is the only child-mistreatment problem, and that the finding and investigation of cases is the major service needed. People often are shocked to learn of the high incidence of sexual abuse, while they tend sometimes to ignore the amount and variety of common neglect that occurs.

Still we are finding that the public, business people, and civic groups can be receptive to new information about maltreated children. Too little community education has been offered in the past. As in other communities (Grazio, 1981), Missoula's child welfare agencies are not funded or staffed well enough to be able to provide adequate information to the public.

The organizational direction that the council should take has remained unresolved. We do not wish to be so successful that we create another permanent bureaucracy--with an office, paid staff, and institutionalized procedures. Still, the services of a paid coordinator (half- to full-time) could assure more continuity in the council's accomplishing its numerous tasks and activities, while allowing it to retain the flexibility that presently characterizes the organization.

How much effort should be directed to fund-raising? On one hand, we have had little difficulty raising moderate amounts of money for specific projects. Locally-financed projects tend to evoke adequate community involvement and commitment.

On the other hand, raising money requires a lot of someone's time. And time is the council's scarcest commodity. Moreover, the reduction in public funds for social agencies creates more competition for funding from private sources. The council has to be careful not to compete for funds that might otherwise go to the very agencies it is trying to assist.

THE FUTURE

By several criteria, the council had a successful first year. It has become a stable yet flexible force in the community, and it has generated enough funds to accomplish several major tasks and projects. The group's planning efforts have resulted in clear direction and some useful priority-setting. The involvement of local government, social agencies, a civic club, and various private citizens attests to the degree of community support.

During its second year the council plans to adopt a nonprofit corporation structure with a 15-member board. The present coordinators will serve a second year. We hope to hire a part- or full-time coordinator for the third year of operation.

We also plan to separate several small, immediate project needs from the council's long-range efforts. We will seek a stable source of operating funds, and will conduct fund-raising projects for specific activities. On every level, we will continue to solicit community support to improve the plight of Missoula's maltreated children and families in trouble.

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SOCIAL WORK IN RURAL SCHOOLS: AN EXAMPLE OF A GRADUATE PRACTICUM PROGRAM IN RURAL WASHINGTON

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INTRODUCTION

In 1980, a graduate school of social work and an educational service district collaborated in developing a practicum program in rural schools. This paper describes why and how the program began and describes mutual benefits for both collaborating organizations and the client system.

Rural social work literature reflects the increasing use of social systems concepts as the framework for analysis of problem situations and the generalist model as a preferred intervention mode. (Ginsberg, 1976; Johnson, 1980; Farley, Griffiths, Skidmore, Thackeray, 1982.) Traditionally, school social work has focused on the child and his/her family as the client to be changed. Recent developments in the field are highlighting a broader role for the school social worker, for example, helping to link the school system with other systems which interact with the school, e.g., community and local community agencies and organizations.

This paper describes a practicum program which students from a generalist oriented graduate program were placed in rural schools. The paper concludes with some reflections on applicability of the program to other rural areas.

BACKGROUND

Needs and Area Served

The rural school practicum program was established because of mutual needs of Educational Service District (ESD) 101 and the School of Social Work and Human Services, Eastern Washington University. Both organizations serve rural areas, the EDS providing special services to schools in seven rural counties in northeastern Washington and the School of Social Work, to educate graduate students for rural practice in Washington and other rural areas.

The geographic area served by the ESD is the northeastern part of Washington state: the area includes, in the northern section, counties adjacent to the Canadian-U.S. border, a timbered mountainous country and extends about 300 miles south through rolling wheat fields and

orchards. The east-west boundaries of the service area are from the Idaho border to the Cascade Mountains, a distance of about 200 miles. The largest city in the area is Spokane, 171,200.

The School of Social Work and Human Services is located in Cheney, Washington (population 7,500), 15 miles from Spokane; one of the School's major goals is to educate MSW's for rural practice. Graduate curriculum is based on principles of generalist practice, using social systems concepts and ecological perspectives. Practicum is a block placement, beginning with the fifth quarter after four quarters of classroom instruction. Practicum is full time for two quarters. The school makes a concerted effort to place a significant number of students in rural practicum agencies and has averaged over the past year, between 40 to 50 percent of practicums in rural sites.

Educational Service District 101 headquarters are in Spokane; from this location provides a variety of educational and administrative support to rural schools in seven counties in eastern Washington. Part of the support services come from the Special Education Department which provides services of a Multi-Disciplinary Team (MDT). The team consists of a psychologist, communication disorder specialist, occupational/ physical therapist, special educational teacher, and an administrator (principal or designee). In 1979, ESD established Direction Services, a program designed to inform students and parents of a broad array of educational, mental and physical health resources in the local and regional area. Direction Service was established to meet the mandate for public schools to:

> "insure the provision for all children and with meeting the intent of the full educational opportunity goal (F.E.O.G.). However, if the public schools are limited to using their own resources, they cannot possibly provide for every need of all handicapped children and their families. A number of additional agencies already exist which can provide a sufficient number of resources for public schools to tap. The problem... is that the public schools have no way of systematically tapping these resources...these 'related services' amount to providing access to the educational services and are significant factors in meeting the educational needs of the students. A benefit to involving the family and school in creative problem-solving is that it also encourages solutions to other systemic problems. Among these are implementation of least restrictive environment in rural-remote areas served by ESD 101."
> (ESD 101, 1981.)

IMPLEMENTATION

A social worker (co-author) was employed by ESD 101 to become part of the multi-disciplinary team; as she became a working member of the team, it became apparent that more than one social worker was needed

in order to provide adequate services to schools in the seven rural counties. The then graduate school Practicum Director (co-author) and ESD 101 Social Worker discussed their respective organization's needs: ESD needed more social workers and the School needed rural practicums. Within three months, agreement between the two organizations resulted in the program for graduate students to have placements in rural schools.

Selection of Students

Most of the rural schools were not familiar with what social workers did and some were understandably hesitant about accepting a social worker, and an intern at that. It became apparent that one of the crucial aspects of the program would be the quality of student placed in a rural school: students in this project should be mature "self-starters", have common sense, and have the generalist knowledge and skills required to work in a rural setting. These qualities were necessary because interns would practice in schools located, in some cases, 100 miles away from their supervisor's office. Although supervision would be available by telephone, there would be occasions when the student would have to make decisions without consultation with the supervisor.

Procedures for selection of students included preliminary interviews with the Practicum Director, then a group meeting with the ESD Social Worker. If students "passed" these meetings and were still interested in the practicum, they had an interview with the ESD Social Worker. Finally, they interviewed the ESD Special Education Director and the school administrator of the practicum site. This selection procedure allowed all concerned parties an opportunity to learn of expectations and the opportunity to decline the placement.

Student Orientation

Seven students, two men and five women were selected to begin school practicum in late August, 1980. They met with other ESD Special Services personnal in a week-long orientation, one week before the beginning of public school classes. Students were placed in seven rural school districts; three locations necessitated students moving to those locations; four sites were about 40 miles from Spokane, and students in those practicums commuted from their Spokane area homes. In January, 1981, three more students joined the project, one in the Cheney school district and two in Spokane. Although ESD believed it preferable that the interns begin their practicum with the beginning of the school year, they were impressed with the work that the seven did in fall quarter and encouraged other students to enter the practicum in January. (These interns spent 5 days in practicum for five months as did other non-public school interns who entered practicum in January.)

Interns' Job Description

Because social work was new to the ESD organization, it was important that interns' range of responsibilities be clearly outlined.

Towards that end, a job description was formulated. General duties were described as providing case management services to clients of the Direction Service Project. Specific duties covered twelve areas ranging from counseling to policy analysis to linking school-community resources.

As a further mechanism to assure clarity of role and accountability, the ESD Social Worker developed a reporting system so that at the end of the month each intern could quickly record his/her activities according to the following categories: (1) Social Developmental History, (2) Individual/Family/Group Counseling, (3) Home Visit, (4) Referral to school resource, (5) Consultation with school personnel, (6) Referral to public agency, DSHS, Public Health, etc., (7) Referrral to private resources: doctor, dentist, etc., (8) Terminate.

Services Provided in First Year

The 10 interns served 517 students in the 9 month period of September 1, 1980 to June 15, 1981. Their activities fell into the following categories.

Table 1. Interventions 1980-81

Social developmental history	112
Individual/Family group counseling	245
Home visits	140
Referral to school resources	84
Consultation with school personnel	162
Referral to public agencies	87
Referral to private resource	27
TOTAL	857

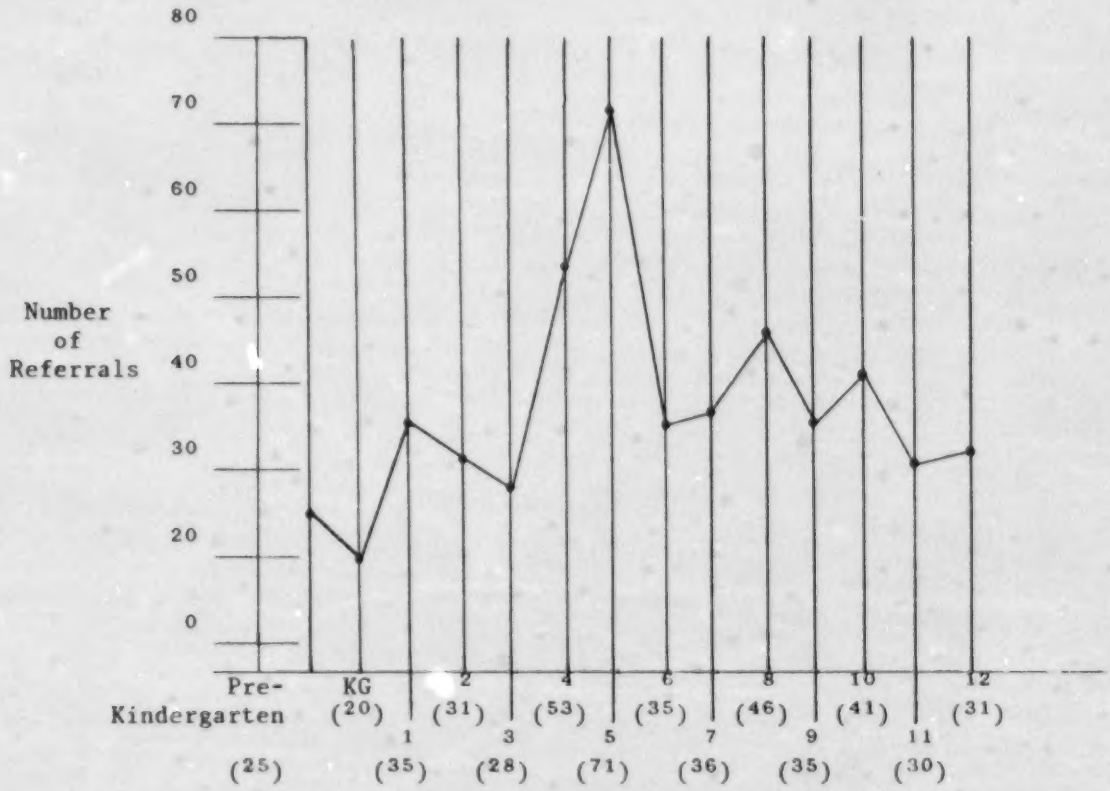
As can be seen from the preceding figures, individual/group counseling with students and families comprised the largest category, about ¼ of the total interventions. Consultation with school personnel is next largest (162) and home visits is third (140). If all three kinds of referrals are put in one category (198), referrals become second only to counseling. The preceding categories do not reflect specifically the variety of generalist roles performed by the students. The recording system developed for students' monthly reporting was designed to give feedback to public school administrators, not to

record generalist social work activities. It is the authors' perceptions that interns used a generalist framework for practice, and did act as advocates, mediators, and organizers.

Number of Students Served

In the reporting period, September, 1980 to June 15, 1981, the 10 interns provided services to 517 students. The following table depicts grade levels of children referred to social work interns.

Chart 1: Referral to social work interns by grade level, September, 1980-June, 1981.



(Number in parenthesis is number of children referred in that grade.)

(One intern was assigned to a suburban pre-kindergarten and kindergarten program; the majority of the 45 children noted in those two grades program represent one intern's work load.) Chart 1 indicates that the rate of referrals took a dramatic jump at grade 4: grade three children accounted for 28 referrals and grade 4 for 53; and grade 5 students topped that by 71.

Specific Examples of Interns' Work

-One intern worked with a 4th grade student who had spina bifada and was in a wheelchair. The parents were unhappy with the education program provided; they believed their child could and should be attending classes in a regular classroom rather than in the special education classroom. Through the intern's persistent work with school personnel, the school rearranged desks, rooms, and teachers' assignments to accommodate the wheelchair and child in regular classrooms.

-Another intern, working in a financially depressed logging area, responded to the principal's concern about the 5th grade girls' "overly aggressive" behavior in classroom and playground. The intern initiated group meetings with the girls, helping them to release their aggressive, hostile feelings in more socially acceptable ways.

-One intern, seeing the need for a big-brother like program in the public schools, developed an on-going program which consists of high-school age boys who serve as friends, mentors and tutors for younger boys who were having academic/behavior problems.

-Another intern's placement was in an area where native American students were bused to the "all white wheat rancher school"; the intern worked with teachers attempting to increase their knowledge of and appreciation for Indian culture and values.

RESULTS

All parties concerned - the graduate school, Educational Service District, rural school hosts, and interns - were pleased with the first year of the program. The program met the needs of ESD to provide more and better services to public schools, their students and parents.

The School of Social Work evaluated the project as an academic-professional success. The School, via graduate students, fulfilled part of its mission to provide professional level social work services to rural areas. Equally important, the practicums provided students an opportunity to learn to practice social work in rural schools and communities.

Because the practicum was a rural school district (usually one to three elementary, one junior high and one high school) and because each practicum student was a member of the multi-disciplinary team of psychologist, communication disorder specialist, occupational or physical therapist, special education teacher and administrator (principal or designee), the practicum student was exposed to scrutiny by a number of other professionals. In all cases, the practicum student received referrals from the "team" as a result of team assessment, and in fact, was in a position to become the "mental health consultant" to the MDT team, and to contribute significantly to the assessment as well as to the array or options available for problem-solving.

Supervision by the ESD social worker was accomplished by individual student conferences, one hour per week in the supervisor's office and were supplemented by telephone conferences and "on-site" visits. Monthly group meetings gave structure for mutual sharing and on-going instruction, with emphasis on supportive maintenance of one another. Exchange of "war stories" was a feature of each meeting. Reporting was done by means of case cards with types of actions or interventions coded and entered on the cards for later statistical analysis. Each student also selected six cases for written summary reports to be used in supervisory conferences, with the goal to leave these reports as a supplement to MDT assessments and a "paper trail" at the public school. Evaluation of the student, both formal and informal (written and verbal) was on-going with completion of an evaluation form, as well as a report written by the supervisor at the end of the practicum period. Evaluations from other sources - multi-disciplinary team members and superintendents of schools where interns practiced - gave the interns and their work high marks. The interns were seen as valuable additions to school services, so much, that in two rural districts, the interns were employed as full fledged social workers at the conclusion of their internship. Other districts indicated similar interest to employ but were unable to do so because of budget restrictions.

DISCUSSION

Why has this program been successful and can it be transferred to other rural areas? Yes, it can be transferred to other areas if there is an Educational Service District or similar educational organization which has conviction that learning in the classroom is affected by the student's environment in and outside the classroom. The public school must be open to the idea that some school problems need the help of professionals who are not experts per se in education, but who are experts in negotiating for "the child's" behalf among the social networks of the community" (Costin, 1981). Not only was ESD 101 open to the idea of having social workers, it paid a modest monthly stipend. This was a very important factor because without additional money, it is doubtful that the students could have moved to a rural area.

And yes, the program is transferrable if there is a school of social work whose purposes are to educate in a generalist mode of rural practice. The Washington connection occurred because both the public school and graduate school had needs and were open to interact (or "use" each other). But the arrangement would probably not have happened without a serendipitous meeting between the ESD social worker and the graduate practicum director. In rural areas and small towns, such "choice" portentious meetings are more likely to occur.

The faculty of a school of social work in a rural area can have more visibility to social agencies than an urban-based school, and the faculty can become more personally professionally knowledgeable about potential learning opportunities for students in the local agencies and organization. From the other side, rural and small town organizations are more likely to be acquainted with its local university's services;

in the Washington case the ESD, via its one social worker, knew about the School of Social Work purposes, specifically its rural educational goals.

Another way of saying the preceding is that it may be easier to establish "innovative" programs in rural areas because of a greater reliance on personal, face-to-face-relationships which can cut through urban-style bureaucratic procedures. The relatively short time - 9 months - it took to establish this Washington program is an example of how quickly a program can be developed in rural areas.

Is this program grounded in current and future oriented social work knowledge and values? A resounding "yes", as reflected by social work literature in general and specifically in the literature on rural social work and school social work. There is disagreement among social workers - particularly social work educators - whether practice in rural areas is a "specialty" and/or if social workers in rural areas need a different "non-urban" curriculum. Leon Ginsberg who implicity advocates for a rural focused curriculum says, "the special characteristics of rural settings require most workers to practice in ways that differ significantly from their urban counterparts. Social workers in rural communities require skills in all the social work methods... (The) need for... generalists in rural communities is confirmed by social work theoreticians and practitioners of both the past and present" (Ginsberg, 1977).

Eastern Washington University (EWU) School of Social Work holds with Ginsberg. We offer a graduate curriculum founded on social systems theory and generalist social work derived practice. Foundation classes present a systemic view of the human situation, e.g., "Community Context of Practice", "Social Context of Practice", "Target Systems." These classes use a systems viewpoint to focus on how the individual and groups are affected by their systems; implications for practice are derived from inter-systems relationships and thus the role of social worker as advocate, teacher, consultant, counselor, etc., are illuminated.

The "social systems" approach is not new in social work or in social work education. Mary Richmond did not use that phrase nor did Helen Perlman, but social work education and practice has always, to greater or less degrees, recognized the importance of the individual's environment. Scholars and practitioners who use a systems approach to understanding problems are in process, the authors believe, of developing theory of practice which not only "puts the social back into social work" but acts as a counter balance to the traditional medical model. Until fairly recently, many schools of social work and practitioners relied, in large part, on a medical model as a way of understanding problems, e.g., a sickness-wellness model with emphasis on curing or changing the "sick" client. A systems model considers "the client" as a system having a part in the problem situation but will give equal time to understanding how all significant-to-"client"-systems are defining and contributing to the problem.

Literature from school social work clarifies a historical perspective of social work. Review of that literature reflects two practice approaches: one is a psychological approach which proposes treating the child for his/her emotional problems. The second approach places more emphasis on understanding the problem from a social systems approach, including a variation of that, an ecological perspective. The shift from a purely psychological approach, is summarized by Hartman as follows: "although... (the profession has had)... periods of excessive concentration on purely psychological data, or... concern has been primarily with the person in relationship to his environment... the systems model... can be helpful... because it offers a conceptual framework that shifts attention from characteristics possessed by individual entities to interaction and relatedness (Hartman, 1970, p. 460). Since that was written over a decade ago, a social system approach has been adopted in a variety of settings, including the public school. For example, Germain argues that a school social worker's distinctive function is... "to work at the interface areas where people's coping patterns interact with patterns of the environment" (Germain, 1982, p. 3). What this means in practice is that the school social worker is responsible for working with pupil, parent (or surrogate), school, community, and other systems which impinge upon the student.

The school social worker has a unique role in working with school problems. The worker's client is the child and the school, and as such, ..."has a dual and simultaneous function: to strengthen people's coping patterns and their growth potential... and to improve the quality of the impinging environment... (ibid, p. 5). Educational services, by themselves are often insufficient to reduce the perceived problem. The education-only focus neglects significant other factors in the child's life, factors which if altered might eliminate/reduce the problem; included in significant other factors is the school itself. A social worker with social systems framework of analysis will direct attention to the school as a possible system to be changed, as it may be part of the problem. Flynn, in "Research Processes for System Change and School Social Work Services" (Flynn, 1981), believes that school social workers restrict their activities (and presumably are not using a system approach) when they only provide direct services to students and/or parents, and when environmental factors (read "systems") are ignored. He believes that the school social worker should use three collaborative approaches to problem solving: organizational development; peer consultation, and action research.

Germain's work in developing a theoretical-practice framework using systems theory and an ecological perspective emphasizes basic practice concepts of ecological oriented practice: reciprocal adaptation, physical-social environments, cultural values, boundaries of transactional areas between person and environment. (Germain, 1979) She develops those concepts further in "An Ecological Perspective on Social Work in the Schools" (Germain, 1982). Social workers have a dual function: to strengthen people's coping patterns and growth potential and to improve the quality of a person's impinging environment, i.e., affect/change social systems which affect the person's

coping patterns and growth. In school social work, this means the social worker is "interfacing" with child, school, with family and school, and with community and school. Germain reflects Flynn's concern that the school social worker has a responsibility to also act as a change agent with the school; a systems analysis of a problem may indicate that the school is the problem and if that is the case, work would be done to place more emphasis on changing that system rather than focus on student change.

An ecological perspective looks at dynamic interactions which occur among the various sytems, e.g., child with teacher/teacher with parents/community with school/school administration with teachers, and multiple variations of the various parts. "An ecological point of view implies that intervention is focused on the events that have taken place between the school child and his/her immediate social physical environment that are causing trouble... the goal of the school social worker is to improve the transactions between children and their school-home community environment to enhance children's coping capacities and improve school conditions for all pupils." (Costin, 1981)

A rural school which has a social systems/ecologically oriented social worker has the potential to be the community's hub for early identification of children-family problems. The school is the only institution which has continuous interaction with a child (and parents) for twelve or thirteen years. Schools have the responsibility for detecting and remediating learning problems. When educators accept the idea that some students' learning/behavioral problems cannot be "fixed" by educational experts alone, schools will make a great step forward towards accepting a social service responsibility. The school is in the ideal position to be the hub for early identification of not only learning problems but related social problems. This new role for schools should happen more readily in rural areas where the school is usually the best staffed human services organization in the local community. Too, it may be easier in a rural area to "see" the various sytems interact, i.e., see cause and effects. School social workers educated in a social system perspective may have easier access to significant social systems (school, community, family). As educators come to understand that in some situations, learning problems are symptomatic of other problems, they will see the school as an appropriate agency for early identification of childrens' problems.

Until the time that this view becomes an institutionalized part of the schools, a school social worker can perform early-identification functions. It is currently acceptable for school social workers, especially those in rural areas, to serve a number of roles - clinician, educator, advocate and a linker of the school with other systems. It is through these legitimate generalist school social worker roles that the school can be the hub of a rural community's early identification of children's problems.

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Section V. Social Work Education and Practice in Rural Areas

The final section of this reader addresses some general considerations regarding social work education and practice in rural areas. John F. O'Neill and William C. Horner report on two studies of social workers in the northwest. The first study is a survey of direct service and first line supervisory staff of the Washington State Department of Social and Human Services. The second study was aimed at gathering information regarding the qualifications and training of staff providing services to children and families. Taken together they are an attempt to better understand and conceptualize differences between urban practice and rural practice in Washington State. Jane Barnard and Elizabeth Ann Miller present results of an evaluation of the Sixth National Institute on Social Work in Rural Areas held in Beaufort, South Carolina. Their results provide useful information for future Institute planners as well as professionals interested in developing rural continuing education and in-service training. Finally, Catherine Williams develops a challenge to rural practitioners and educators to develop approaches to alter the current fiscal situation effecting rural practice. The charge is to develop from "rural models" a comprehensive, collaborative approach that will utilize existent resources in a creative manner. Such an approach is seen as a supplement rather than a replacement to already established human services programs.

TWO SURVEYS OF SOCIAL SERVICE PRACTICE IN THE NORTHWEST: COMPARING RURAL AND URBAN PRACTITIONERS

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INTRODUCTION

This paper is based on a secondary analysis of data collected in two studies of social workers in the northwest. The first study, which will be referred to as the Washington Study, is a survey of direct service and first line supervisory staff of the Washington Department of Social and Health Services conducted in 1981. This study was done under the auspices of the state Children's Services Advisory Committee and was aimed at gathering information about the qualifications and training of staff who provide services to families and children. (Although the questionnaire focused on child welfare staff, all state staff responded.) The second study, which will be referred to as the Northwest Study was undertaken by the Northwest Conference of Deans and Directors of Social Work Education Programs. It surveyed the graduates of 11 BSW programs and 3 MSW programs during 1981 to obtain information about their current employment and related matters.

The analysis of the two studies presented in this paper was undertaken in an attempt to better understand and conceptualize rural social service practice--especially as compared to urban practice. This effort falls under the category exploratory (rather than confirmatory) data analysis. That is, at this stage of our understanding a preoccupation with hypothesis testing and inference from sample to population is premature. We believe current understanding can be increased most by an approach that is primarily exploratory, descriptive, and flexible.

WASHINGTON STUDY

Of the 968 staff who responded to this survey, the report is based on 378 direct service personnel, 241 of whom served in primarily urban areas and 97 of whom served primarily rural settings. Urban areas were defined as communities over 75,000 population; rural areas had under 10,000 population. Eliminated from this analysis are those staff who were classified as supervisors, direct services workers with fewer than half of their clients living in either rural and urban areas, and a small number (21) of staff who did not provide enough information to be classified.

A profile of rural and urban workers based on basic employment characteristics and educational background was sufficiently different to be worthy of note. On the whole, rural workers held lower job

classifications, had less experience, and were less well educated than their urban counterparts. This information is presented in Table 1.

Table 1. Characteristics of Rural and Urban Social Service Workers in the Washington Study

	Rural (N=97)	Urban (N=241)	Significance of Difference
Classification			
Caseworker Classification Series	92 (94.8%)	184 (76.3%)	P < .05*
Social Worker Classification Series	5 (5.2%)	57 (23.7%)	
Experience			
Mean Social Service Experience	10 years, 2 months	11 years, 4 months	P = .065+
Mean Time in Present Classification	5 years, 0 months	6 years, 1 month	P = .066+
Mean Time in Assignment	3 years, 0 months	3 years, 3 months	Not Significant
Education			
No Degree	3 (3.2%)	5 (2.1%)	
AA Degree	4 (4.2%)	10 (4.1%)	Social work educated vs. non-social work educated
BA/BS	63 (67.7%)	121 (50.4%)	
MA/MS	11 (11.8%)	16 (6.7%)	
BSW	4 (4.3%)	32 (13.3%)	P < .05*
MSW	8 (8.6%)	56 (23.3%)	

* Chi-square

\+ t-test

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The scores for three sets of questions were summed to provide an index of the generic nature of a worker's practice. These questions provide information on the variety of activities of the workers. The first set related to the agency services in which the worker was engaged (e.g., child protective service, day care licensing, adoption service), the second concerns the worker's agency function (e.g., intake, licensing, ongoing service); the third concerns the age group of clientele. The scores developed for each set of questions are reported in Table 2. It will be noted that rural workers score higher on two of the three sets of scores and on the composite score for generic practice. Thus rural workers had a greater tendency to engage in more varied practice activities.

Table 2. Mean Scores of Rural and Urban Workers on the Generic Practice Index and Component Variables

	Rural	Urban	Significance* of Difference
Generic Practice Index	8.58	7.32	P < .001
Agency Services	2.97	2.07	P < .001
Practice Functions	2.04	1.74	P < .001
Age Groups Served	3.57	3.51	Not Significant

* t-test, separate variance estimates

The survey included a training inventory of 43 content areas, asking respondents to indicate if they had received training in each area and the length of that training session. Sessions lasting two days but less than one academic quarter were labeled "training." Sessions of a quarter or more in length are assumed to be part of an academic program rather than in-service training, and are labeled "education." Thirty content areas were grouped into six categories:[1] 1) core social work knowledge and skill (e.g., basic casework, interviewing), 2) knowledge and skills for special treatment technologies (e.g., crisis intervention, family counseling), 3) areas of substantive knowledge for practice (e.g., child development minority cultures), 4) communication with specific client groups (e.g., communication with preschool child, working parents), 5) knowledge and skill for macro analysis and practice (e.g., federal public policy, administration), and 6) knowledge and skills judged to be important for a case management model of practice.[2]

The research questions addressed here are: 1) how do rural and urban workers compare in the specifics of their educational preparation, and 2) how do they compare in terms of the training they have received. Table 3 provides information on the former, Table 4 on the latter.

It will be seen that urban workers tend to be better educated in terms of the course work recorded in this inventory--significantly so in two areas--macro concerns and case management, and approaching significance in core knowledge for social work practice. This is consistent with the earlier finding that urban workers were more likely than rural workers to have had specific education in social work.

Table 3. Educational Preparation of Rural and Urban Workers

	Rural (N=97)	Urban (N=241)	
	Mean	Mean	Statistical Significance
Core Social Work Knowledge	1.75	2.28	NS
Special Treatment	0.60	0.76	NS
Substantive Knowledge	1.16	1.41	NS
Communication with Clients	0.57	0.75	NS
Macro Concerns	0.48	0.86	.019
Case Management	2.22	3.06	.034

* t-test, separate variance estimates

Analysis of the training experiences also produces higher mean scores for urban workers, significantly higher in the area of substantive knowledge.

Table 4. Staff Training of Rural and Urban Workers

	Rural (N=97)	Urban (N-241)	
	Mean	Mean	Statistical Significance*
Core Social Work Knowledge	1.98	2.21	NS
Special Treatment	1.09	1.21	NS
Substantive Knowledge	1.93	2.37	.028
Communication with Clients	1.13	1.23	NS
Macro Concerns	0.55	0.61	NS
Case Management	3.78	4.14	NS

* t-tests, separate variance estimates

NORTHWEST STUDY

The 1,298 respondents of the northwest survey had received BSW or MSW degrees from northwest colleges and universities from 1975 through 1980.[3] This analysis includes the 392 respondents who are employed in social work positions at the first line level and who indicated that they practiced in urban or rural areas. Eliminated from this analysis are respondents who were not currently employed in social work, who did not indicate they were first line practitioners and who either did not report their practice setting or reported that they served both rural and urban settings.

Rural and urban workers are similar in terms of age, sex, the salary they receive, and the educational requirements of the positions they hold. In terms of personal and employment characteristics, they differ only in that rural workers are significantly less likely to be employed in private agencies. And, in the case of BSWs, the length of time required to find social work employment. Rural BSWs required significantly longer to find employment following receipt of their degrees.

To organize our exploration of the data, as well as increase the impact of the pictures provided, practice in rural and urban settings will be described separately for graduates with BSW and MSW degrees. We have further organized the presentation in terms of three sets of dimensions:

1. A set of 9 general social service roles that have been rank ordered.
2. A set of 13 variables describing various job activities.
3. A set of 4 variables describing autonomy in decision making and action.

The exploration of these dimensions was guided by the following research question: How do rural and urban social workers differ on these dimensions of practice?

Social Work Roles

As a means of determining the roles filled by the responents, they were asked to rank nine general roles in which they spent at least 10% of their time. For the purposes of analysis, the first ranked item was given 10 points, the second ranked item was given 9 points, etc. Mean scores for BSW and MSW workers are shown on Table 5. The primary roles of BSW workers were direct service to individuals and to families. No other role scored an average rank score above 3.0. Comparing rural and urban BSW workers, only two roles were ranked at significantly different levels: research and consultation--both favoring urban workers--and neither ranking highly.

Table 5. Mean Scores of BSW and MSW Respondents Regarding Job Roles, by Urban and Rural Settings

	Mean Scores			
	BSW		MSW	
Role	Rural (N=35)	Urban (N=80)	Rural (N=64)	Urban (N=213)
Direct Service to Individuals	8.06	8.85	7.89	8.67
Direct Service to Families	5.26	5.75	6.61	6.69
Direct Service to Groups	2.86	2.51	3.36	3.48
Administration	0.94	1.23	1.02	0.93
Supervision	1.23	1.40	0.39	0.61
Teaching	2.26	1.61	1.08	0.91
Program Development	1.26	1.85	0.95	1.31
Research	0.00*	0.40*	0.25	0.29
Consultation	0.46*	2.05*	2.89	2.07

* $P < .05$
t-tests, separate variance estimates

Among MSW workers, direct service with individuals and with families ranked highest among the roles, with direct service to groups also receiving a relatively high average rank score. There were no statistically significant differences between rural and urban workers, although direct service with individuals and consultation approached significance (the probability is less than .15 using the t-test). The difference in the former was in favor of urban workers, while rural workers ranked higher in consultation.

An additional step in the analysis of the roles involved combining individual variables into scores representing composite variables for direct and indirect practice. The former direct service to individuals, families, and groups. Indirect service included administration, supervision, program development, and consultation.

Both BSW and MSW rural workers scored lower in direct practice than did urban workers, but not significantly so. Although rural workers scored somewhat higher than urban workers in indirect practice, urban BSWs scored significantly higher than their rural counterparts in that area.

Table 6. Mean Scores of BSW and MSW Respondents on Direct Practice and Indirect Practice Composite Variables

	BSW		MSW	
	Rural (N-35)	Urban (N=80)	Rural (N=64)	Urban (N=213)
Direct Practice	16.17	17.11	17.86	18.85
Indirect Practice	3.89*	6.53*	5.25	4.92

* P < .05, t-tests, separate variances

Job Activities

Respondents were asked to report on their involvement in the 14 specific job activities listed and defined in Figure A.[4] Both BSWs and MSWs engaged most in linkage, counseling and consultation activities. Resource development, supervision and management of tangibles rated lowest among the job activities. As revealed in Table 7, only one activity, personal care, discriminated between rural and urban BSW workers at a statistically significant level. It apppears that BSW workers in rural areas are more likely to be involved in that job activity.

Figure A

Social Work Job Activities

Linkage - Connecting clients with resources, opportunities and services, referring (and advocacy for clients).

Counseling - (with individuals or groups) instructing, coaching, providing information, defining needs, problem solving, explaining programs, relieving anxiety, supporting clients, along with consultation to other care givers.

Therapy or intervention - (with individuals or groups) longer term psychosocial disability-focused support and/or intervention on an ongoing basis.

Personal care - Providing direct, tangible services to clients of a maintenance or custodial nature.

External relations - (public relations) meeting with citizens, client groups, designing and conducting opinion surveys, gathering support for programs, making speeches and presentations.

Compiling information - Processing numerical and statistical information, making listings, carrying out studies for costing, reimbursement, planning purposes.

Program management - Planning details of new programs, designing training, reviewing and preparing budgets, writing policy, conducting meetings, recruiting and screening personnel, and evaluating programs.

Supervision - Evaluating employee performance, preparing work schedules, teaching workers, giving advice with worker problems, orienting new workers, assigning cases to workers.

Community work - Organizing new groups, community-level problem solving, interagency planning, facilitating intergroup collaboration.

Consultation - With staff, practitioners, or administrators.

Advocacy - Mediating and brokerage, positive intervention on behalf of clients, working for change in organizations and services to benefit clients, maximizing consumer input in program development and change.

Management of tangibles - Taking care of physical components of an operation (inventory control, ordering supplies, transporting property, inspecting facilities, maintaining security).

Resource development - Identifying funding sources, grant management, report writing.

Table 7. Percent of BSW and MSW Workers Reporting Performance of Selected Job Activity

	BSW		MSW	
	Rural (N=35)	Urban (N=80)	Rural (N=64)	Urban (N=213)
Linkage	85.7	91.3	98.4	96.2
Counseling	97.1	100.0	96.9	98.1
Therapy	60.0	68.8	85.9	81.2
Personal Care	60.0*	41.3*	37.5	37.1
External Relations	54.3	51.3	67.2**	52.1**
Compiling Information	34.3	47.5	37.5*	51.6*
Program Management	34.3	33.8	34.4	36.2
Supervision	28.6	30.0	28.1	32.9
Community Work	45.7	28.8	65.6**	37.6**
Consultation	88.6	87.5	95.3	89.2
Advocacy	74.3	73.8	90.6**	78.4**
Tangible Management	34.3	20.0	17.2	11.7
Resource Development	14.3	20.0	23.4	14.6

* Significant at the .10 level, Chi Square Test
** Significant at the .05 level, Chi Square Test

The portrait revealed through bivariate analysis is quite different for MSW social workers practicing in tne two settings. Specifically, MSW social workers in rural areas are more likely than their counterparts in urban areas to report that they perform the following activities: external or public relations, community work, and advocacy. They are also more likely to be more active in resource development, although this difference only approaches statistical significance. The only difference among the 13 job activities that favors urban MSW workers is compiling information.

Autonomy

Responses to four items indicate the amount of autonomy or influence social workers perceive of themselves as having over globally-described phases of the intervention process.[5] Table 8 shows the percent of respondents who reported that they exercised autonomy "most of the time" in their practice. There were no significant differences between rural and urban workers at either the BSW or MSW level.

Table 8. Percent of Rural and Urban BSW and MSW Social Workers Reporting that they Exercise Influence over Selected Characteristics of the Intervention Process "Most of the Time"

	BSW		MSW	
	Rural (N=35)	Urban (N=80)	Rural (N=64)	Urban (N=213)
Definition of the Problem	60.0	7[illegible].3	81.3	81.2
Plan Action	45.7	52.5	59.4	66.2
Implement Plan	54.3	50.0	54.7	54.0
Evaluate Action	42.9	36.3	39.1	42.3

CONCLUSIONS

The major conclusion to be drawn from the Washington Study both corroborates and refines upon a general observation often made about regional differences in social work practice; that is, resources are indeed maldistributed, leaving rural regions with staff less well trained compared to their urban counterparts. Refining upon this conclusion, the present study suggests some particular areas of relative deficit in educational preparation. These areas bear on core knowledge for social work practice, knowledge and skill for macro analysis and practice, and case management. The evidence also suggests that once on the job, training programs do not compensate for the deficit in education, and in fact, may tend to widen the gap.

Findings from the Washington Study also suggest the conclusion that, compared to their urban counterparts, rural workers find themselves in the ironic and undoubtedly uncomfortable situation of being asked to do more with less. That is, they bring less in the way of preparation to a job that demands that they perform a larger number of tasks than is required of their urban counterparts.

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The major findings of the Northwest Study is that assumed differences in practice between rural vs. urban social workers are only partially supported by the data. Some support is found for conventional wisdom regarding MSWs, specifically in the rural workers' greater involvement in activities relating to community work, advocacy, and (less clearly) external relations. However, BSWs report no important difference in job activity and a negative difference in terms of the indirect practice role.

An explanation for the inconclusive findings may well be a matter of measurement. Where expected differences were not discovered, we must remind ourselves that nature does not disclose its secrets easily, and this is no less true when exploring the nature of regional differences among social workers. In order to discover whether or not the differences reported by insightful observers actually exist, we must develop "fine-grained" measurement instruments. In retrospect, we note that these survey instruments failed a fundamental test of measurement: the language of measurement must exceed the language of everyday discourse in sensitivity, complexity, and precision.

The development of more fine-grained instruments could well begin for those variables on which our study noted differences between regions. Contrary to the backward image of practice suggested in the Washington Study, these variables suggest an approach that is timely in terms of our current conceptions of practice. Rural MSW workers are engaged in some activities that fit heartfelt images of what social workers ought to be doing. This is indeed an exciting finding and surely warrants further investigation, using more fully developed measurement instruments.

Taken together, these studies should make us less sanguine about statements depicting differences in rural and urban social work practice. In many respects our findings do not support conventional wisdom. Are we seeing the results of an urban parity in the social work education establishment? Are we expecting too much of BSW-level workers? Or were the data of which this paper represents a secondary analysis, not clearly enough focused on the use to which we have attempted to put it?

On the positive side, educators can take these findings as a call-to-arms of sorts. That is, schools of social work emphasizing practice in small communities should take it upon themselves to do the research necessary to further explore regional differences in practice. Research courses provide an opportunity to refine measurement instruments and continue to explore the questions our studies have addressed.

Appendix I

Training Inventory-Selected Content Items

Core Knowledge

- Basic casework
- Cultural casework
- Interviewing
- *Report writing
- *Goal setting and contracting
- *Problem solving
- *Social networks
- *Values and ethics

Knowledge and Skills for Special Treatment Technologies

- Family counseling
- *Crisis intervention
- Work with hostile/involuntary clients
- *Teaching parenting skills
- *Minority cultures
- Child development
- Alcohol and substance abuse
- Family diagnosis and assessment
- Family violence
- Child abuse and neglect
- Sexual abuse of children

Communication with Specific Client Groups

- Communication with pre-school children
- Communication with school-aged children
- Working with adolescents
- *Working with parents

Knowledge and Skills for Macro Analysis and Practice

- *Legal issues
- *Federal public policy
- *State public policy
- *Values and purposes underlying national and state welfare policies
- Social work supervision
- Administration
- *Influencing agency policy

Case Management

- Court presentations
- Also includes items with * above

Appendix II

Questions Regarding Autonomy

Some agencies carefully define and restrict social workers' activities in the intervention process; other agencies permit a greater degree of freedom in the intervention process. Please circle the number that best indicates your level of influence or perceived involvement within your agency or organization.

1. most of the time
2. frequently
3. sometimes
4. not at all

	Degree of Independence and Initiative
Definition of the problem: Assessment of need, goal clarification, diagnosis of individual/group dynamics, etc.	Power to exercise judgment autonomy in interpretation. 1 2 3 4
Plan of action: Identification of alternatives, program development policy formulation, treatment plan selection, etc.	Autonomy in decision of what, when, and how. 1 2 3 4
Implementation: Treatment service delivery, policy implementation, program implementation.	Right and power to initiate and require action, autonomy in decision of when and how. 1 2 3 4
Evaluation: Feedback modification of plan or program, etc.	Power to influence decision to continue, modify, or terminate on basis of systematic analysis. 1 2 3 4

NOTES

1. See Appendix I for a complete listing of content areas.

2. Case management is believed to be an appropriate practice model for rural practice. See: Horner, Bill and O'Neill, John, "Child Welfare Practice in Small Commknities", Human Services in the Rural Environment, Vol. 6, 1981.

3. University of Washington, Eastern Washington, Portland State University, Boise State University, Northwest Nazarene College, Pacific Lutheran University, Walla Walla College, University of Alaska, University of Montana, Carroll College, and the University of Oregon.

4. This list and definition was adapted from a job analysis survey reported by Robert J. Teare in "Task Analysis for Public Welfare Practice and Educational Implications", Clark, Frank W., Morton L. Arkava and Associates, The Pursuit of Competence in Social Work, San Francisco: Jossey-Bass Publishers, 1979.

5. The questions on autonomy are in Appendix II.

NEEDS OF THE PARTICIPANTS IN THE SIXTH NATIONAL INSTITUTE ON SOCIAL WORK IN RURAL AREAS -- IMPLICATIONS FOR FUTURE INSTITUTE PLANNING

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During the last six years, the Rural Social Work Caucus and the the annual Institutes have facilitated the rural social work movement (Webster, Note 1). The Institute attracts a wide range of participants, from the United States and Canada, with varying specialities and areas of practice in the field of rural social work. This paper is based on an evaluation completed on the Sixth National Institute on Social Work in Rural Areas. The focus of this paper is to report some of the major findings from this evaluation, and to discuss implications for further Institute planning.

RESEARCH METHOD

A five page questionnaire served as the basis for the post-Institute evaluation completed by the researchers. The questionnaire was designed for two purposes. The first purpose was to provide a descriptive evaluation of the 1981 Sixth National Institute held on St. Helena's Island in South Carolina. The second purpose was to elicit feedback from the participants on their preferences for future Institute planning. The questionnaire was developed based on the objectives of the Cacus; informal feedback given to Dr. Lynne Clemmons Morris, as well as, from her experience as coordinator in planning the conference; and a review of the literature pertaining to evaluating conferences. The research questions chosen for this evaluation were aimed at the following issues:

(1) The extent to which the Institute attracts participants with a wide range of demographic characteristics.
(2) The participants' objectives for attending the Institute, and how these were affected by their demographic characteristics.

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*Note: This paper is part of a research project (completed for partial fulfillment of the Degree of Master of Social Work), entitled The Sixth National Institute on Social Work in Rural Areas: A Descriptive Evaluation with Implications for Future Institute Planning, University of South Carolina, 1982.

(3) The amount of agreement on topic selection and extent of coverage desired for future Institute planning.
(4) The participants' preferences for type and scheduling of sessions, and for future Institute settings.

The sample surveyed by mail consisted of 186 of the Institute's participants who were formally registered, and who attended at least one session other than one in which they may have performed an official role, e.g., as a moderator or presenter. University of South Carolina College of Social Work staff and faculty who were directly involved in organizational tasks were excluded from the sample as were participants on the registration list with incomplete addresses.

The total number of completed questionnaires received was 124. The return rate for the total sample selected was 66.7 percent. A limitation of this evaluation is that it can only be assumed that the returned questionnaires were representative of the total population under study.

DIVERSITY OF PARTICIPANTS

One of the main purposes of the annual Institute is to attract a diversity of participants, and to provide them an opportunity to meet and exchange ideas. This diversity is to be reflective of rural problems and issues, as well as, of rural social work itself. How effective was the Sixth National Institute in attracting participants with diverse characteristics? The typical respondent was a white, female educator between 30-39 years of age from the Southern region of the United States.

The Institute was relatively successful in achieving this purpose. Although after reviewing the data, the Rural Social Work Caucus and future hosting bodies may want to increase the diversity of participants by attracting additional representation in the following areas:

(A) Participants in the age category of 50 years and over. This was concluded from the fact that only 8% fell within this category. This is compared with almost half of the respondents being in the 30-39 year old category; and approximately an equal number (21%) of the respondents being in the 20-29 or 40-49 year old categories.

(B) Participants from a diversity of racial-ethnic backgrounds such as Blacks, Hispanics and native Americans, as the majority of the respondents (86.3%) were White/Caucasians.

(C) Participants in other areas of practice in rural social work as administrators, practitioners, students, and specialized job positions. This was concluded from the fact that educators made up the largest single job position reported by the respondents (36.3%). The remaining categories were relatively equally proportioned to each other (12.9 to 17.7%).

(D) Participants from the Northeastern and Western regions of the United States and Canada. Together these three regions made up only 18.5 percent of the respondents. As expected since the Institute was located in the Southern region of the United States, almost half of the respondents (48.4%) were from this region. This was followed by 33.1 percent of the respondents being from the North Central region. (The four regional divisions of states from the U.S. Census Bureau was used for this demographic variable.)

(E) There is no recommendation regarding gender due to the fact that social work is generally recognized as a female dominated profession, it was expected to find that the majority of respondents were female (60.5%).

One method that could be used to assist in attracting a diversity of participants would be to examine the media sources used for publicity. The researchers found that slightly over 23 percent of the respondents learned about the Sixth National Institute from more than one source. The most frequently listed source was personal contact (46%). This indicates that a continued utilization of the informal network among rural social workers is a powerful resource for attracting participants.

Actual media sources used for this Institute also proved to be effective. The following is a listing of these in decreasing frequency as indicated by the respondents: mailings from the USC College of Social Work (32.3%); Human Services in the Rural Environment (29%); and agency and professional organizations' fliers, newsletters and meetings (25%). Publicity in practice-speciality journals, in local and regional journals, and newsletters (e.g., Western region), and fliers sent to minority associations may assist in increasing the number of participants attracted from categorical areas that may be underrepresented.

OBJECTIVES FOR ATTENDING

The respondents were asked to indicate their objectives for attending the Institute. These objectives were drawn from formal Institute objectives by the frequency chosen.

Table 1 Objectives for Attending the Institute

Objectives	Percent
To meet other professionals in the field	93.5
To learn of innovative methods of practice	77.4
To enjoy the geographic area and recreational opportunities of the region	72.6
To learn of innovative methods of planning and policy development	69.4
To broaden the rural social work knowledge base by presenting papers or by being part of a panel or workshop leadership	68.5
To learn of the Southeast region's rural problems and issues	62.9
To renew old friendships and acquaintances	39.5

Regardless of the diversity found by this study, the most frequently indicated objective of the respondents was to meet other professionals in the field. The next five objectives, in decreasing frequency, fell within the fairly close range of 62 to 77 percent, which implies consideration should continue to be given to these areas in planning. The objective which was chosen the least by the respondents was to renew old friendships and acquaintances. This low frequency may be explained by the fact that attending this Institute was a first time experience for 68.5 percent of the respondents. Thirty-one and a half percent of the respondents had previously attended an Institute.

Considering that the Institute attempts to meet the needs of a diverse group of participants, the objectives were examined for possible relationships with the respondents' demographic variables. The chi square statistic was used to test the significance of these relationships at the .05 level. In this paper, primarily only the significant relationships were highlighted. The findings indicated that five of the demographic/independent variables of age, sex, region, previous attendance at an institute, and official role of presenter significantly influenced four of the respondents' objectives for attending the Institute. The following are a summarization of these findings.

Age

The demographic variable of age was found to significantly influence three of the objectives for attending the Institute. It was found that the two older groups of respondents (30-39 and 40-60 years of age) chose the objective to broaden the rural social work knowledge based by presenting papers or by being part of a panel or workshop leadership more frequently than the youngest age group (21-29 years of age). This may be partially related to the respondents in these two older age groups being more likely to be in educational, research, or administrative positions where an emphasis is placed on publishing their work along with their greater experience in the field of rural social work to make this possible. Age was also found to significantly influence the objective to learn of innovative methods of practice. The youngest age group was more likely to choose this as an objective. One way to view this finding is by considering that respondents in this age group are likely to be in the beginning professional stages of learning and applying social work practice. It is obvious though that this objective for attending the Institute remains an important one for the two older age groups as indicated by their high percentages of selecting it. The third objective that was influenced by age was to enjoy the geographic area and recreational opportunities of the region. The 21-29 year old age group chose this objective more frequently than the two older age groups. This indicates that the younger respondents were more likely to be attracted to the Institute for the location and recreational opportunities than the older groups of respondents. This difference may possibly be attributed to the lesser travel experience of the youngest age group.

Gender

Two of the objectives for attending the Institute were significantly influenced by the independent variable of gender. The objective to learn of innovative methods of practice was more likely to be an objective of the female respondents than the male respondents. This occurrence may be due to the high percentage of women found in the practitioner level of social work. Gender was also found to affect the objective of renewing old friendships and acquaintances. Over half of the male respondents indicated this is an objective versus only slightly more than one-forth of the female respondents. Possibly more of the men than women had previously attended this Institute or other related social work conferences, and had established friends and acquaintances likely to attend this Institute. Men are also more likely to be educators which was the largest single job position reported for this Institute.

Region

Region was found to have a significant relationship with the two objectives of broadening the rural social work knowledge base, and to enjoy the geographic and recreational opportunities of the region. The respondents from the North Central region more frequently listed the objective of enjoying the geographic area and recreational opportunities of the region than the respondents from the other regions.

This may be due to the North Central region being inaccessible to the coastal areas. But the researchers wish to caution the reader that the validity is questionable due to the small representation of respondents from the Northeastern region, Western region and Canada.

Attendance at a Previous Institute

Attendance at a previous Institute was highly significant to the objective of broadening the rural social work knowledge base by presenting papers or by being part of a panel or workshop leadership. This possibility implies that attending an Institute encourages respondents to present their research or practice findings at future ones. The objective of renewing old friendships and acquaintances was found to be significant with the independent variable of attendance at a previous Institute. This indicates the importance of socialization at an Institute.

Official Role of Presenter

As expected, it was found highly significant for presenters to indicate the objective of broadening the rural social work knowledge base as an objective for attending the Institute.

The primary implication from these findings is that future planners do need to consider the possible demographic variables of Institute participants and the varying needs that are indicated from these.

TOPIC AREAS

For the first time since the Institute's conception, a set of general topic areas were specifically designated in the "Call for Papers" for the Sixth National Institute (University of South Carolina, Note 2). These topic areas were divided into eleven general categories for the purpose of this evaluation. Respondents were asked to signify their preferences of desiring more, about the same, or less emphasis be given to each of these categories for future topic coverage.

It was found that the majority of respondents desired either about the same emphasis or more emphasis be given to these general topic areas at future Institutes. Only a small percent (from .8% to 11.3%) of the respondents who answered this question preferred "less emphasis" for each general topic area. The topic areas which had the highest percent of respondents wanting more emphasis were the changing rural community, human service delivery, and practice techniques. The highest percent of respondents desired about the same emphasis be given to the remaining eight topic areas in the future. These areas were health care issues, rural poverty, women's issues, aging in the rural community, educational issues, minority issues, planning, and policy development.

One aspect the researchers wish to point out is that practice methods and issues are obviously an important concern to the respondents. This was shown by the number of respondents choosing the objective of learning innovative methods of practice for those attending the Institute, and also, by the majority of respondents desiring more emphasis be given to this topic area. General comments from a number of respondents indicated they would like more "concrete", "innovative", and "creative" ideas related to rural social work practice. The issue for future Institute planners is how to meet this need. One way in which future hosting bodies may do this is by asking educators and practitioners in the "Call for Papers" to address this subject through their papers and research (e.g., new practice theory development). Another way is to schedule more practice-related workshops and panels during Institute time. The area of evaluative research on practice effectiveness will also predictably become increasingly more important during this time of funding cutbacks, and may well be a topic area needing more attention in the future.

FORMAT AND SCHEDULING

In general, the respondents support the basic format utilized since the annual Institute's conception. They indicated the majority of time should be educationally/professionally oriented, but that the Institute should remain multi-purpose and retain other types of activities such as the planned regional and cultural events.

The following represents the respondents' preferences for the overall division of time for future Institutes among different types of activities. Over half of the respondents chose between 51 to 75 percent of the time for the activity of professionally oriented speakers, workshops, and meetings. For the amount of free time that should be scheduled at an Institute, over half of the respondents selected 1-19 percent of the total time. The activity areas of planned group recreational events and planned regional and cultural activities each received a time allocation of 1-19 percent by almost two-thirds of the respondents. These respondents' preferences allow a large amount of flexibility in planning future Institutes yet reinforce the inclusion of these type of activities in the future.

The respondents were also questioned on their preferences for the time allotment and type of activities scheduled for the professionally oriented sessions. Over half of the respondents indicated that the amount of time allocated to major speakers, panels, and workshops should each average between 10 to 29 percent of the professionally oriented sessions. The sub-areas of media presentations; interest group meetings and caucuses; and simulations and activity-centered presentations were desired for each to receive from 0 to 19 percent of these sessions. A major limitation to this question is the fact that paper presentations were not included as a sub-area in the questionnaire utilized.

Providing more opportunities for networking among the Institute participants was discovered to be desired by the respondents from the

open-ended questions and general comments sections of the questionnaire. This need is also reflected in the objective most frequently selected for attending the Institute -- to meet other professionals in the field. Future Institute planners may want to consider the respondents' suggestions on how to facilitate this process which included the scheduling of more caucus meetings, task force meetings, divisional or regional meetings, and social hours. Dorm-style living accommodations at the Institute site, or designation of meeting places in a setting with wider-spread accommodations were also mentioned for consideration by hosting bodies to increase these opportunities. Other types of activities were also recommended for possible inclusion at future Institutes. These were synthesis and follow-up, planned group educational trips to local services, a resource fair, and idea-exchange seminars.

As the annual Institute is rotated to the various regions of the United States and Canada, an issue related to topic areas that will increasingly become more evident is the different needs of the regional "newcomers" and the "old-timers" attending the Institute. There was a variation in the needs of these two groups noted from this research. As mentioned previously, the two groups differed significantly in their objectives for attending the Institute. There also appears to be another potential difference not specifically evaluated by the researchers but which was indicated in the general comments' responses, and has implications for future planning. This is the expressed need of some respondents who were old timers for more sessions with advanced level content which contrasted with the newcomers' need for beginning knowledge on rural social work practice. If sessions are incorporated into the Institute time to meet these various levels' needs, it is recommended that the agenda should indicate the sessions that are designed for assisting newcomers to develop the beginning knowledge base of rural social work, and the advanced level sessions for those who wish to expand and build upon their established knowledge base.

Another method to partially accomplish this would be to design and schedule a special orientation session/workshop for newcomers to the field of rural social work.

LENGTH AND NUMBER OF SESSIONS

Another important aspect Institute planners must consider is the length of each session and the overall number of sessions to be scheduled. Feedback was solicited from the participants on their preferences based on the Sixth National Institute's format. This format consisted of eight major session , 1½ hours long, scheduled for the professionally oriented sessions. For each major session, the participants had the choice of attending one of eight different topic areas with one to three presenters for each area.

The majority of the respondents (77.4%) designated that the length of each session should remain the same. Less than a fifth of the respondents wanted the length to either increase or decrease. A number of respondents did make recommendations for future hosting bodies and

their coordinators to consider in making decisions related to this issue. These were the following: (1) session length should include enough time for discussion of the presentations; (2) encouraging moderators to closely monitor the time limitations established so other presenters have equal time; (3) considering fewer presenters per topic area for more discussion time and intergration of the topics; (4) varying length of session per type of presentation scheduled; and (5) considering the "physical comfort level" of the facility rooms utilized for the sessions.

The majority (62.9%) of responses received regarding the overall number of sessions planned for future Institutes also indicated it should remain about the same as the Sixth National Institute. There was a significant number of respondents (33.9%) who believed the number of sessions available at one time should be decreased. From the respondents' general comments, the scheduling of too many concurrent sessions made them feel as if they "missed alot" by having to select one topic of interest to them over another. Another point hosting bodies may want to consider when making a decision on this issue is the overall size of the group attending the Institute. Scheduling a large number of concurrent sessions may result in poor attendance of some sessions.

FUTURE INSTITUTE SETTINGS

Until the Sixth National Institute's choice of rural community center for the Institute's site, the setting was not an issue of concern that would have been included in an evaluation. The tradition had been established to locate Institutes on a university campus.

Table 2 Preferences for Future Institute Settings
N=124

Setting	Percent
Rural Areas	38.7
University Setting	9.7
Resort Areas	7.3
Convention Centers	2.4
Multiple Listing of Above Settings	27.4
No Preference	6.5
Other	7.3
No Response	0.8
Total	100.0

As noted in Table 2, the largest number of respondents chose rural areas for future Institute sites. An almost equal number indicated their preference for the Institute to be located in a variety of settings. These respondents listed multiple choices of settings (e.g., rural, university, or resort), combinations of settings (e.g., rural resorts), other settings, as camps and retreat centers, or believed the settings should vary each year. Some respondents also suggested there may be more important issues to be considered than the general type of setting such as site accommodations and accessibility. An example of this was found at the Sixth National Institute since a proportion of the respondents were dissatisfied with the Institute site's accommodations. Pre-Institute publicity also seemed to be important to a number of respondents who expressed their need through the general comments section to obtain as much information as possible about an Institute's site for two reasons. One was that the site selection did affect their desire to attend an Institute. While the other reason was that they desired to be prepared for what to expect when they reached the site (e.g., what type of clothing and equipment to pack or the type of site selected would affect or influence the accommodation option they chose). This evaluation did find that over half of the respondents had no preference about the Institute being accessible to a large city. Obviously, there are many factors to be considered by the hosting body in selecting a general setting and site for an Institute.

EVALUATION OF FUTURE INSTITUTES

It is recommended that future hosting bodies continue to incorporate evaluative measures into the planning process. Ideally, the evaluation should take place during or immediately after the Institute. A limitation of the researchers' evaluation was that it was not conducted until three months after the Sixth National Institute. There was an inevitable loss of some of the respondents' immediate reactions to and suggestions for improvement from their experiences at the Institute. As the Institute continues and as it is located in various regions, the participants' objectives for attending it may change, or there may be further implications for planning that develop over time. A basis for comparative analysis could also be established with further evaluations attempted. Annual evaluations can assist the National Institute in meeting its goals and objectives for developing and improving the field of social work in rural areas.

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NOURISHING PEOPLE AND COMMUNITIES THROUGH LEAN YEARS

Catherine Williams

INTRODUCTION

During these three and one-half days of intensive examination of the state of the art in programs and service delivery systems, we have heard excellent papers, and have participated in workshops, which have covered most aspects of human services in the rural areas. We have heard about the specialized programs, special skills, roles of religion, politics, community organization, training, and of the special concerns of women and minorities.

My charge is burdensome. I'm sure everyone is saturated with information. How can I not repeat what's been presented, and hold your interest - with check-outs, after-lunch napping, and just plain tiredness. I was asked to wrap-up. This is a big package - to put all that we have heard into a framework that is at once 1) feasible, 2) cost effective, and 3) nourishing.

"NOURISHING PEOPLE AND COMMUNITIES THROUGH THE LEAN YEARS"

Literally and figuratively this is a tall order. The resources, both personal and impersonal are in varying degrees of supply. I have no doubt but that there are additional resources in rural areas - some untapped, some unknown, and some not recognized.

We are well into the second year of deficits with warnings that there will be even more. At state and local levels all over the United States, we hear about hardships experienced by those suffering from lack of services because of insufficient funding, both providers and consumers.

With people and communities we might compare the problem as we do within our own family circles when money is tight. In families, we sort out what we must have from what we can do without, and search for alternatives to replace some of the loss.

There are of course those; both agencies and consumers who have not curtailed spending, but are incurring deficits (or bills) without any way to pay, hoping that somehow external forces will change for the better, and everything will be fine again. Lenin calls this the "tooth fairy syndrome."

A major part of any recovery or "nourishing" of people and communities depends upon how well the state and local communities can take on the responsibility for the programs and services to meet the

needs of their respective citizenry. To some degree this involves the development of a new "mind set." To assist in the change of mind set - to break the bonds of dependency upon the Federal Government - severe curtailment of program funding, relaxation of regulation, a "New Federalism" has occurred.

Ideas of a bucolic, peaceful rural existence - untouched by the outside world exist only in the fantasies of those who wish to withdraw from overwhelming pressures of the urban world; who in their desire for refuge have dreams of a place that never was. However, between that fantasy and the more negative view of rural areas as being populated by peasants, drudges, ignorance, superstitions - the hayseed and the "rube." There is a reality which may vary as widely as the urban areas of megalopolis. Some of the more common shared characteristics of urban and rural areas are:

1) They may be historically stable pockets of ethnic groups with strong cultural bonds.
2) They may have developed around an industry - manufacturing or mining.
3) They may be an extension of suburbia.
4) They may be conservative in view points about politics, economics and social problems.
5) They may be comfortably fixed retirees from either farm and city, both wealthy and low income.
6) Outsiders are viewed with reservation.

They may view themselves and be viewed by outsiders as God-fearing, peaceful, generous, souls of integrity, and honesty. All of the above in one form or another has had a profound influence on America's idea of the rural life and people.

There is recognition that they have been outside the mainstream of delivery system of goods and services, but until fairly recently have prided themselves on their qualities of self-dependence. The changes brought about by 20th Century Industrialization, mobility, and education, have developed businessmen and women, engineers, and agronomists who are knowledgeable about their areas, know the effects of the market place, and ecological, and social changes in their way of life. What those of us on the outside of the non-metro areas must not forget is that there are few pockets of complete alienation from the "outside." T.V., radios, publications, cars have brought the world into a majority of homes. Our planning must recognize these facts. This recognition is critical to the planning of services, the administration of services, and the delivery of services.

I offer for your consideration a "wrap-up" that provides a structure or framework of concepts which might prove effective in nourishment of people and communities.

1. Comprehension
2. Communication
3. Coordination and Compromise

Each is a double-headed arrow to be considered by both providers and consumers:

1. Comprehension (to be understood)

There is a rural power structure. There are gatekeepers, ministers, school boards, county boards, and business people in rural communities. Planning for services may exist, if only on an informal basis in rural areas. There is an awareness that a potential nucleus for community invovlement may be working. If the population is stable, there may be few bureaucratic obstacles to community planning. Additionally, there may be shared common values on which to build. Understanding that a small scale of living does not imply simplicity, many rural communities may be as sociologically complex as their urban neighbors.

Rural values are believed to be well-known - helping others; strong independence, and self-reliance; coupled with what may be termed "the rural state of mind" - that prefers its own resources, expansion of the extended family concept to neighbors, in a natural helping role, that translates into a pool of people accustomed to helping each other. This supportive network may be the entire community - not a select group - which might include the banker, insurance agent, bartender, and perhaps the Highway Patrol.

2. Communication

When all the this is absorbed and understood, the process of communication must be considered. By direct and indirect communication we are aware that public welfare and its clients may be considered an affront to all that is held of value in a community. Government intervention is considered "A thrust or intrusion" into their way of life. There is also a growing recognition that services which should be available to them are not accessible. What get communicated is that residual services are resisted; institutional services are acceptable, but governmental regulations are received with suspicion, depending upon the degree to which they intrude and interfere with self-determination. What also needs to be communicated is the fact that transfer of urban programs, modalites, and service delivery systems to the non-metric or rural areas will not fit. There is a rural power structure which has data, formal and informal, that is needed for program planning. The giving or withholding of this information depends upon the perception of service and targets. Edward Buxton in his paper - cautions that it is helpful to remind ourselves that solving community problems lies with the community; and Mike Jacobsen reminds us that community development is not unknown to rural communities. These facts cannot be communicated if the providers are not attuned to the different approach required in effecting planning in rural areas. For this communication to occur, there must be a process for establishing the climate for such communities.

A novel approach which recognizes those points made here under "Comprehension", might be the place to start. Based on 1) the prevailing values, 2) recognition of an informal power structure, and 3) that

planning for community services is already in existence, we might suggest that programs, administration and service delivery be fashioned from existing rural models. What would happen if instead of transferring an urban model, as much adaptation as possible of rural modes be attempted? We have not used rural models as alternatives to solving urban problems, but, at best, what would get communicated is a willingness to engage the rural planners in developing their own adaptation of human service programs, administration and delivery system. Since more and more locally based projects are expectations of the current administration, with greater involvement of the private sector, and volunteerism as the human service system of the future, this approach offers a method of proaction rather than reaction which is so often the response to radical modification of operational modes.

3. Coordination and Compromise

When we comprehend, and have strengthened that comprehension by clarifying communication between planners and consumers, we have paved the way to coordination. I have recently read that since 1970, there has been an average of about 400,000 more people moving into the non-metro areas than have left. Many ecological and environmental groups, including youth, have strong feelings about where and how they would like to live. These people are bringing to rural areas their past experiences and some have valuable experience which can be tapped for ideas, but their involvement is the perogative of the "locals." From all that I have read, they too often are considered outsiders for quite some time.

For rural or urban areas when one is faced with curtailment of funds, the choice is to reduce service, or clients. Since our purpose is to nourish during the lean years, we want to do neither. We can develop alternative channels for provision of services. These may not occur however, without another comprehension; that is, the importance of developing political strategies to bring about community coordination. Lynn Cutler in her address reminds us social welfare and political action are not mutually exclusive - that there needs to be structured and operational changes in organization for human services.

Our purpose has been stated. Develop community strategies to nourish the people during the lean years. They include the development or pulling together all the data which tells us who is affected by the cuts. The development of a bank of the materials, or life-sustaining, and life enhancing resources, and services for rural areas. An allocation of the individuals or groups to specific positions or status on a ranking of priorities. And finally, distribution to individuals and groups with specific rights to the materials, resources and services. This would be the development of a policy which would provide the framework for the development of the political strategies needed to achieve our goal.

Recognition that here needs to be structural and operative changes in organizing for human services brings forth a variety of realities.

A. There are Political Realities:

1. Politics in human services reflect the dominant values in society.
2. Politics reflect the interest of those with power.
3. Politics recognizes the interest and concerns of constituencies.
4. Politics recognizes the necessity for coalitions and compromises.

B. There are Administrative Realities:

There is a severe shortage of funds. There appears to be growing numbers of people in need of human services. There is also a large number of people who feel that little hardship will result from these cuts. Martin Anderson - Welfare Reform, quotes 58% response on Harris Poll of 1976. Yet 94% did not want people to go hungry.

In response to concerns of State Officials and Administrators, the present administration is returning to the state; the freedom to administer its own programs, without the bureaucratic red tape which was felt to be burdensome and restrictive.

After the freedom marches, and the right to go into any restaurant to eat was secured; one beneficiary said - what good is that, if I don't have the money for the meal?

Not only has the Federal Government given back to the states the freedom, but also the problem of how to allocate the shortage of resources to continue to provide the services.

C. There are realities of Conflict in Interest and Competition among the various resources for human services delivery: These influence the politics in any endeavor. There is often fierce competition as to who gets the "trickle down."

> "The principal source of energy of our political system seems to stem from the competition among different groups in pursuit of their perceived self-interests. Pressures and counter pressures where relative power shifts as political support increases or decreases...They enter into temporary coalition or long range alliances in pursuit of specific objectives. More often than not such competition gains only minor, incremental changes in the programs." (Anderson, 1979)

The usual result is a new variation of a long established pattern and groups feel that they have won.

The war on poverty, the Model Cities Programs, and the Aid to Dependent Families Program were all said to have led to major improvements in social and economic conditions. Failure is laid on the people "who don't want to change, want a handout, or are dependent."

Steiner, The Futility of Family Policy suggests that our "current approach leads to a dead-end street because it generates policies and programs aimed at changing individuals instead of the social reality in which they live and die. The costs of such a change may appear too costly." But the escalating of human services is also costly.

With the discussion of the realities, let's move to some steps for consideration in developing the plan. In identifying need, we need to consider what is to be included in the planning for the strategies? We must have a plan. Is it feasible to separate, during this critical period the life-sustaining services from the life enhancements? The residual from the institutional? Food, shelter, utilities, health care, employment are seen as primary.

Could these services be ranked by greatest need, and allocation for provision be coordinated throughout the human services community? My argument here is that when people are cold and hungry, they want those survival needs met--must have them met--and may be willing to forego some of the life enhancement services. I'm prepared for the protests from those who feel that is short-range thinking. I agree. It seems to me that's where we are--emergency planning to relieve the present crisis, to mitigate the impact of the cuts. We can fight for more funding. We can take flight - just cut away - give false, reassurance to clients or close our doors--or we can confront constructively the realities, and plan our way out of this situation.

We have the "New Federalism", the block grants, and volunteers, plus the hope that big business will see its way clear to assist in this effort. These are potential resources. This calls for coalition of legislators, church, state and local officials, business representatives, union representatives, service providers and administrators, with the people to be served to come together quickly, to carve out a plan, and go to work on information at hand.

Let me provide an example of a coalition effort.

The main thrust in this example is to provide food, to ease the effect of cuts in AFDC, and Food Stamps, grants to be supplemented and food stamps to be supplemented.

What resources are there? There are wholesale houses - produce and stock, super markets, government surplus, private contributors, gardens - farmers. There are warehouses, empty buildings - packing houses, agency offices, and school buildings. These have been used for paper and can recycling, why not for food?

We could use their equipment to break down bulk and packaging, use of employees, those laid off, and unemployment compensation beneficiaries to work as volunteers, and retirees skilled in managing and logistics. We could utilize clients to sort and

assist in packaging the foods, the trucking industry to provide vehicles and drivers, with volunteers here also, routing schedules, to be taken to specifified distribution points by Mass Transportation Authority. Busing, and allowing reduced transportation costs for clients to distribution points, if needed.

It must be well-planned and orderly. Remember Mr. Randolph Hearst - the throwing of boxes of food at people, and the pandomonium which resulted. That must be avoided.

Whether considered as short or long range -- one way to mitigate the current situation is to have some assurance that even the reduced spending will be available to carry out a plan. The private industry and large corporations which have been given tax breaks to provide incentives, should be committed by some formal process to allocate a percent of their incentive gains to state or local government earmarked for human services revenues. This establishes an amount which can be included when budgets are prepared at local or state level. Many companies are conscientiously earmarking a portion of funds for special efforts now, and are to be commended. Others will be laughing all the way to the bank for their additional profit investments, "which is the fastest game in town." This can be legislated as a condition for the incentives. The special project funding is fragmented, again speaks to special interests, and may be duplicative of other efforts.

The last alternative fits into the thrust of long-range planning. An objective to gain support for the Federal Administration to combine, and fund the life-sustaining programs, and give states the flexibility to tailor the programs to meet state need. This would recognize most of the extant political realities, which includes; interests of society to insure survival needs for all people in America, special power protests because of lack of waste, and "questionable special interest programs", (dialogue over enhancements would then take place at the state and local levels, where assessment of needs could more appropriately be made), constituent involvement being made more meaningful at all levels. Again, the "biggie" - coalition and compromise. Here our legislators and congress persons would need to work together to collectively advance the position of the state around issues of human need.

Your State Legislators have to be in the forefront, the Human Services Standing Committee, and the Human Services Appropriation Sub-Committees, as a part of the suggested coalition would be armed with the plan, which would be proposed, confident that their constituencies were in full support. Perhaps then, we could achieve an operational structure which would critically analyze very policy in terms of its commitment to the overall goal. To do otherwise is to continue to add on or retain, bit by bit, programs, depending upon which wheel squeaks loudest. We will continue to fall victim to the ancient ploy, Divide T Impera. "Divide and Conquer."

In summary, let me say that - man does not live by bread alone -- we need the nourishment of spirit which comes from conviction and commitment by professionals and is transmitted to those served. Ours is the only profession which internalizes its professional standards; to be lived - not from 9 to 5 but every waking hour.

There needs to be a reaffirmation and rededication to the principles of the profession. If so, the people we serve will recognize and be strengthened; the powers that be may not agree, but will respect our conviction, and we ourselves will reflect the last and best hope for the survival of the human spirit.

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